

**For all married Participants who wish to waive rights to the Automatic Joint and Survivor Form of Benefit**

**Please note: Your signature, as well as your wife's signature must be witnessed by a Pension Fund Representative, or, if you sign it elsewhere, by a Notary Public.**

**FOR PARTICIPANT:**

I, the undersigned Participant in the Building Trades United Pension Trust Fund - Milwaukee & Vicinity Pension Plan, have been fully informed of my right to receive my vested accrued benefits from the Plan in the form of a qualified Automatic Joint and Survivor post-retirement form of benefit which would provide monthly payments to my surviving spouse upon my death. I hereby waive the qualified Automatic Joint and Survivor post-retirement form of benefit, and select the following option:

**(You must put an "X" by the option you are selecting.)**

- Lifetime Only       Life with Ten Year Certain
- Level Income       Pop-up Joint and Survivor
- Lump Sum       75% Joint and Survivor
- Non-spouse Survivor

I understand I may revoke this election prior to my Annuity Starting Date by delivering a written revocation of this election to the Fund Office.

I understand that my spouse must consent to any waiver of the qualified Automatic Joint and Survivor post-retirement benefits for my waiver to be effective.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Print Name

**Your signature must be witnessed by a Pension Fund Representative or Notary Public:**

**Pension Fund Representative or Notarial Acknowledgment**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I acknowledge that \_\_\_\_\_ personally came before me on \_\_\_\_\_ (date)

and is known to me to be the person who executed the above declaration.

\_\_\_\_\_ Pension Fund Representative/Notary Public

My commission expires: \_\_\_\_\_

Notary Public, State of: \_\_\_\_\_

Seal

**FOR PARTICIPANT'S SPOUSE:**

I am the spouse of the afore-named Participant in the Building Trades United Pension Trust Fund - Milwaukee & Vicinity Pension Plan. I understand my spouse has a right to certain benefits under this Plan that may be distributable in the form of a qualified Automatic Joint and Survivor post-retirement form of benefit which would provide for monthly payments to me upon my spouse's death.

**BY SIGNING THIS FORM, I CONSENT TO MY SPOUSE'S WAIVER OF THE AUTOMATIC JOINT AND SURVIVOR FORM OF BENEFIT, AND SELECTION OF THE FOLLOWING OPTION:**

**(You must put an "X" by the option you are selecting.)**

- Lifetime Only       Life with Ten Year Certain
- Level Income       Pop-up Joint and Survivor
- Lump Sum       75% Joint and Survivor
- Non-spouse Survivor

I acknowledge that the effect of this consent is to give up any and all rights I would have had to receive **Automatic Joint and Survivor Benefits** from the Plan upon my spouse's death.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Print Name

**Your signature must be witnessed by a Pension Fund Representative or Notary Public:**

**Pension Fund Representative or Notarial Acknowledgment**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I acknowledge that \_\_\_\_\_ personally came before me on \_\_\_\_\_ (date)

and is known to me to be the person who executed the above declaration.

\_\_\_\_\_ Pension Fund Representative/Notary Public

My commission expires: \_\_\_\_\_

Notary Public, State of: \_\_\_\_\_

Seal