

Declaration of All Unmarried or Separated Participants

Complete if you are not married, or you are currently separated from and unable to locate your spouse.

(Please note that your signature must be witnessed by Pension Fund Representative, or, if signed elsewhere, by a Notary Public.)

I, the undersigned Participant in the Building Trades United Pension Trust Fund – Milwaukee & Vicinity Pension Plan, do hereby declare (check one):

- That I am not legally married at this time.
- That I am unable to locate my spouse.

I agree to provide any evidence in support of this statement as may be required by the Trustees.

Date

Signature

Print Name

Your signature must be witnessed by a Pension Fund Representative or notarized here:

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

Election to Waive Automatic Lifetime Only Form of Benefit

Complete if you are single, and are not selecting the Lifetime Only form of benefit payment.

(Please note that your signature must be witnessed by a Pension Fund Representative, or, if signed elsewhere, by a Notary Public.)

I, the undersigned Participant in the Building Trades United Pension Trust Fund, Milwaukee & Vicinity Pension Plan, having been fully informed of my right to receive my vested accrued benefits under the Plan in the form of a Lifetime Only form of retirement benefit which would provide monthly payments to myself from my Annuity Starting Date until my death, hereby waive the automatic Lifetime Only form of retirement benefit, and select the following option. I understand I may revoke this election until the date I begin to receive benefits from the Plan by delivering a written revocation of this election to the Fund office before my Annuity Starting date.

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

- Non-spouse Survivor
- Life Annuity with Ten Year Certain
- Level Income
- Lump Sum

Date

Signature

Print Name

Your signature must be witnessed by a Pension Fund Representative or notarized here:

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