

WAIVER OF JOINT AND SURVIVOR BENEFIT

Under federal law, a joint & survivor benefit provided under your pension plan may be waived only if the participant and the participant's spouse agree to the waiver in writing. The signatures of both the participant and the spouse must be witnessed by a notary public or by a Fund Office Staff member. Space is provided below for these signatures. Be advised that when you sign this form, it indicates that you have been fully informed about and understand the effect this waiver will have on current and future pension benefits paid to you and your spouse under the Plan and that the waiver is irrevocable once pension payment begin.

I, the participant, have received and read the Explanation of Joint & Survivor Benefits. I understand terms and conditions of the Joint and Survivor Benefit. I hereby waive the Joint & Survivor Benefit and elect to receive my benefits in the form chosen on my application.

Date: _____ Participant Signs: _____

If you have no spouse, mark one of the following and submit the corresponding document copy indicated.

- _____ Never married
- _____ Divorced (submit copy of divorce decree)
- _____ Widowed (submit copy of spouse's death certificate)

SPOUSAL CONSENTS

CONSENT TO PARTICIPANT'S WAIVER OF JOINT AND SURVIVOR BENEFITS

I am the legal spouse of the above participant. I have received, read and understood the Explanation of Joint and Survivor benefits and have read and understand the above paragraph on the Waiver of Joint and Survivor Benefit. The Joint and Survivor Benefit entitles me to receive benefits upon my spouse's death that I will lose if I consent to this waiver and my spouse receives benefits in the form other than a Joint & Survivor Benefit. Being fully apprized of these facts and circumstances, I hereby consent to my spouse's election to waive the Joint and Survivor Benefits.

Date: _____ Spouse Signs: _____

RETROACTIVE ANNUITY STARTING DATE

A retroactive annuity starting date allows the Fund to make up any payments that were delayed at the beginning of the participant's retirement period in order for the Fund to verify the participant's retirement. If the participant choose a retroactive annuity starting date, the participant will receive a "make-up" payment representing the lump sum of retroactive payment due the participant based upon choosing a retroactive annuity starting date, followed by regular monthly payments thereafter.

Under federal pension regulations, in order for a married participant to choose a retroactive annuity starting date for a retirement benefit, the participant's spouse must consent in writing. However, if the participant has waived the Joint and Survivor Benefit and the spouse has consented in writing above, the spouse's consent to a retroactive annuity starting date is not required. But, if the Joint and Survivor Benefit form has NOT been waived by the participant and consented to by the participant's spouse and the participant has elected a retroactive annuity starting date for the retirement benefit, then the spouse, if any, must consent to the retroactive annuity starting date.

I, the participant, do hereby elect a retroactive annuity starting date. _____ Yes _____ No

Date: _____ Participant Signs: _____

I, the spouse of _____, do hereby consent to the retroactive annuity starting date.

Date: _____ Spouse Signs: _____

All Participant Waiver and Spousal Consents (if any) Witnessed by _____
(Signature of Fund Office staff member or Notary Public)

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public Seal

**All Participant and Spouse signatures must be witnessed by
a member of the Fund Office staff or Notary Public**