



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016

Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016

www.azpipe.org

SPOUSAL CONSENT FORM

PARTICIPANT'S STATEMENT

I _____ have selected to receive my annuity benefits in a Lump-sum payment, rollover payment or Monthly Installment payments. I understand that accepting this form of payment means that no benefits will be paid by to my spouse after my death unless benefits are payable under other sections of the Plan.

(Choose one)

- I hereby swear that I am not legally married at this time.
I hereby swear that I am unable to locate my spouse.
I hereby swear that the person co-signing this document below is my legal spouse.

Date _____ Employee signature _____

Notary public section with fields for State of, County of, date, and My Commission Expires.

SPOUSE'S STATEMENT (if applicable)

I _____ swear that I am the legal spouse of the employee described above. I hereby consent to my spouse' election of the Lump-Sum payment, rollover payment or Monthly Installment payments. I understand that as a result, I will not be paid a benefit from the Plan after my spouse's death unless benefits are payable under other sections of the Plan.

Date _____ Spouse's Signature _____

Notary public section with fields for State of, County of, date, and My Commission Expires.