

DETROIT FREE PRESS, INC. – NEWSPAPER GUILD OF DETROIT PENSION PLAN

Pension Benefit Option Election Form

Printed Name of Participant _____ SS# _____

Printed Name of Spouse _____ SS# _____

I hereby acknowledge that I understand my rights to benefits from the Detroit Free Press, Inc. – Newspaper Guild of Detroit Pension Plan. I hereby elect to receive my monthly benefits in the form indicated below. **I understand that, if I am married on my effective date, I will receive my benefits in the 50% Joint and Survivor form UNLESS I elect another form of benefit and, if I elect to receive benefits in the Single Life Annuity form of payment, my spouse consents to my waiver of the 50% Joint and Survivor form by signing the Spousal Consent to Waiver of 50% Joint and Survivor Form at the bottom of this form.**

I hereby choose to receive my Pension Benefit in the optional form as indicated below (check one):

☐ 50% Joint and Survivor form

☐ 100% Joint and Survivor form

☐ 67% Joint and Survivor form

☐ Single Life Annuity form*

☐ 75% Joint and Survivor form

Participant Signature: _____ Date: _____

***SPOUSAL CONSENT TO WAIVER OF 50% JOINT & SURVIVOR FORM OF BENEFIT**

I am the legal spouse of _____. With my consent, my spouse has elected to waive the normal form of benefit in the 50% Joint & Survivor Form and has instead elected the Single Life Annuity form of benefit as offered by the plan and chosen above.

**Spouse Signature: _____ Date: _____

Witnessed By Notary Public: Subscribed to and sworn to before me,
This _____ day of _____, 20____.

Notary Public, _____ County
State of _____
My Commission expires _____

****THIS FORM MUST BE SIGNED BY THE SPOUSE IN FRONT OF A NOTARY PUBLIC IF THE SINGLE LIFE ANNUITY FORM OF PAYMENT IS ELECTED**

By signing this form, my spouse and I understand that once benefits commence, the benefit option cannot be changed to any other form of benefits. Also, under the joint and 50%, 67%, 75% and 100% survivorship options, if my Spouse dies before me, an alternate beneficiary may not be designated. In addition, should my spouse and I divorce after my retirement commencement date; I understand that the spouse listed above will continue to be eligible for the survivor benefit chosen, despite any future marriage into which I may enter. We acknowledge receipt of the notice forms provided by the Plan explaining the joint and survivorship options, and we understand them and we also acknowledge that we have had the opportunity to consult with advisors of our choosing with regard to this notice.