

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

Pension Benefit Option Election Form

Printed Name of Participant _____ 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 hereby choose to receive my Pension Benefit in the form as indicated below (please check the box):

☐ **Single Life Annuity form**

Participant Signature: _____ Date: _____

By signing this form, I understand that once benefits commence, the benefit option cannot be changed to any other form of benefits.