

INTERNATIONAL ASSOCIATION OF HEAT & FROST  
INSULATORS AND ASBESTOS WORKERS  
LOCAL NO 13 PENSION FUND

PO Box 834  
Troy, MI 48099  
(410) 872-9500

**SPOUSAL ELECTION AGAINST QUALIFIED JOINT & SURVIVOR ANNUITY**

WHEREAS, the undersigned participant (the "Participant") in the **International Association of Heat, Frost Insulators and Asbestos Workers Local 13 Pension Fund** and Trust has applied to the Board of Trustees of the Plan for a retirement benefit under the Plan; and

WHEREAS, the Participant and the undersigned lawful spouse of the Participant acknowledge that they have been advised that the standard form of pension benefit available to them is a monthly retirement benefit for the life of the Participant with a 50, 75, or 100 percent joint and survivor annuity benefit to the Spouse of the Participant for the remainder of the Spouse's life, if he/she survives the Participant (a "qualified joint and survivor annuity benefit"); and

WHEREAS, the Participant and the Spouse have been advised of their rights under the Plan not to receive the qualified joint and survivor annuity benefit and, instead, to elect to have the benefit paid in another of the optional forms of benefit, which may terminate upon the Participants death, with no future benefits payable to the Spouse, even if h/she survives the Participant; and

WHEREAS, the Participant and the Spouse acknowledge that after having been fully advised of all of their joint and survivor rights and after having been given an opportunity to consult with advisors of their choosing, individually and together, the Participant desires to exercise his right not to receive the qualified joint and survivor annuity and the Spouse desires to consent to the Participant's election of the waiver of the qualified joint and survivor annuity benefit.

NOW, THEREFORE, in consideration of these premises, the agreement of the Trustees to act upon the application of the Participant for a retirement benefit under the Plan, and other good and valuable consideration, the undersigned Participant and Spouse jointly and severally warrant and represent to the Trustees as follows:

1. We, and each of us, have carefully read this form and understand the above statements and representations.
2. The statements and representations are true and correct.
3. The Participant knowingly waives his right to receive the qualified joint and survivor annuity benefit under the Plan and elects to receive instead an optional form of benefit available to vested Plan participants.

4. The Spouse, knowingly and willingly, being fully advised of his/her rights, having had the opportunity to consult with advisors of his/her choosing, and fully understanding the financial and legal implications thereof, does hereby consent, agree and elect to waive his/her rights to insist upon a joint and survivor annuity benefit in favor of an alternate form of benefit for the Participant, knowing that said benefit to the Participant may be for the remainder of the Participant's life only and may terminate upon Participant's death, with no further benefits to the Spouse, to the Spouse's possible financial detriment.
5. We, and each of us, have been fully advised of all of our rights and of the facts in connection with this application, election and waiver of the joint and survivor annuity benefit, and we, and each of us, have been given the opportunity to consult with advisors of our individual and joint choice before filing the application and making this election.
6. We jointly and severally acknowledge receipt of the notice forms provided by the Trustees of the Plan explaining the qualified joint and survivor annuity benefit, acknowledge that we have read them, that we have understood them, and that we have had the opportunity to consult with advisors of our joint and several choosing with regard to said notice.

DATED at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_ (the participant) and \_\_\_\_\_ (the spouse), who are personally known to me or who have produced \_\_\_\_\_ as identification. Being duly sworn, the above person's state that they have executed this form of their own free will and signed the foregoing for the purposes therein expressed, and they proven to my satisfaction to be the persons entitled/authorized to executed same.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed, stamped or printed name:  
My Commission Expires: