

IRON WORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY TRUST FUND

REQUEST FOR CESSATION OF INSTALLMENT PAYMENTS

This is my notice that I desire to cease Installment Payments from the Iron Workers St. Louis District Council Annuity Fund.

NAME _____
(Please Print)

HOME PHONE _____
(AREA CODE) - NUMBER

HOME ADDRESS _____
(STREET)

(CITY) _____ (STATE) _____ (ZIP) _____

SSN: _____ DOB: _____

Please cease installment payments effective: _____

Note: A two-week notification is required to cease installment payments.

Please Initial _____ I understand that if I cease installment payments at this time, I will be subject to another \$100 installment payment application fee if I decide to resume this option at a later date.

Please Initial _____ I understand that I have a right to a 30-day election period. I further acknowledge that I am waiving the 30-day election period by making an affirmative election on this distribution form.

Participant's Signature _____

Participant's Social Security # _____

Date _____

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,

This _____ day of _____, 20____.

(Notary Public)

_____, _____
(County) _____, _____
(State)

My Commission expires:

**Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.*

DO NOT SIGN AND DATE THIS FORM UNLESS YOU ARE IN THE PRESENCE OF A NOTARY.

IRON WORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY TRUST FUND

SPOUSAL CONSENT TO A PARTICIPANT'S ELECTION TO WAIVE PAYMENT IN THE NORMAL BENEFIT FORM – 50% JOINT AND SURVIVOR ANNUITY

1. I acknowledge that I have read and understand the following:

- (a) My spouse, _____, is a Participant in the Iron Workers St. Louis District Council Annuity Trust Fund. *(Print Participant's Name)*
- (b) The Plan is an Annuity Plan, which provides several forms of distribution options and the normal form of benefit for a married Participant is 50% Joint and Survivor Annuity, which means that the Participant will receive a monthly amount for life and, if the Participant dies before his or her Spouse, the Spouse will receive a monthly benefit for his or her lifetime that is 50% of the monthly amount the Participant received during the Participant's lifetime.
- (c) I have the right to have the Plan pay my spouse's retirement benefit in the form of a 50% Joint and Survivor Annuity and I agree to give up that right and by signing this waiver acknowledge that I may receive less money than I would have received under the 50% Joint and Survivor Annuity.
- (d) If my spouse elects the Lump Sum or Single Life Annuity benefit, which he/she may do if I consent to waive the 50% Joint and Survivor Annuity, I will receive nothing after my spouse dies.
- (e) If my spouse elects Installment Payments, which he/she may do if I consent to waive the 50% Joint and Survivor Annuity, I may receive nothing after my spouse dies.
- (f) I do not have to consent to this election and do not have to sign this waiver. I am signing this waiver voluntarily and understand that if I do not sign this election then my spouse and I will receive payments from the Annuity Plan in the benefit form of a 50% Joint and Survivor Annuity.
- (g) I understand that once benefits commence my consent is irrevocable.

2. I acknowledge that I have read and understand the information provided in this form. I hereby consent to my spouse's election to waive and/or reject the normal 50% Joint and Survivor Annuity form of distribution.

Signature of Spouse

Date

Signature of Participant

Date

I have witnessed the execution of the foregoing consent by _____, who identified herself/himself to me.
(Print Spouse's Name)

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

Notary Public, _____ County

State of _____

My Commission expires _____

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified, but also examine their credentials to satisfy yourself that they are, in fact, the same peoples as the ones identified."

DO NOT SIGN AND DATE THIS FORM UNLESS YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC