

**IRON WORKERS ST. LOUIS DISTRICT COUNCIL PENSION TRUST**

**SPOUSAL CONSENT**

**FORM 4**

**If you are married,** your spouse must complete this form if you are electing a form other than the 50% Husband-and-Wife Pension. In other words, this form is required even if you are electing the 75% Joint and Survivor Option or the Single Life Pension.

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

*Please check the box below.*

As the legal spouse of the Participant, I have read and understand the Explanation of Benefit Payments Options as outlined on Schedule A and

- I hereby consent to my spouse's **rejection** of the 50% Husband-and-Wife Pension and the election of the optional form of payment, \_\_\_\_\_.

[Payment elected by the Participant as shown on Form 2]

I understand that as a result, I may not be entitled to a benefit upon my spouse's death.

\_\_\_\_\_  
Spouse's Name (Printed)

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**The spouse's signature must be witnessed by a Notary Public.**

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me came \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person described herein, and who executed the foregoing Spousal Consent, and such individual duly acknowledged to me that such individual had executed the foregoing Spousal Consent.

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

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
My Commission Expires