

Sheet Metal Workers' Local No 33 Cleveland District Pension Fund

Pension Benefit Option Election Form

Printed Name of Retiree _____ SS# _____
Printed Name of Spouse _____ SS# _____

I hereby acknowledge that I understand my rights to benefits from the Sheet Metal Workers' Local No. 33 Cleveland District Pension Fund. 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 75% Joint and Survivor form UNLESS I elect another form of benefit and, if I elect to receive benefits in one of the alternate forms of benefit, my spouse consents to my waiver of the 75% Joint and Survivor form by signing the Spousal Consent to Waiver of 75% Joint and Survivor Form at the bottom of this form.**

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

<input type="checkbox"/> Single Life	<input type="checkbox"/> 75% Husband & Wife (Normal Form of Benefit)
<input type="checkbox"/> 50% Husband & Wife	<input type="checkbox"/> 100% Husband & Wife (No Pop-Up)
	<input type="checkbox"/> 100% Husband & Wife (With Pop-Up)

Participant Signature: _____ Date: _____

I hereby designate the following person(s) as my beneficiary(ies) for any benefits which may be payable under the Plan following my death:

Name of Beneficiary: _____ Relationship: _____
Address of Beneficiary: _____

***SPOUSAL CONSENT TO WAIVER OF 75% 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 75% Joint & Survivor Form and has instead elected an alternative form of benefit as offered by the plan and chosen above. I understand that I do not have to sign this consent and am doing so voluntarily. I also agree to my spouse's chosen beneficiary(ies), as designated above. (If applicable)

**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**

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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, 75% or 100% Husband & Wife benefit 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 Trustees of 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.