SHEET METAL WORKERS' LOCAL UNION NO. 292 ANNUITY FUND

Spousal Consent *to a Participant's Election to Waive Payment in the Form of a Joint and Survivor Annuity*

(IMPORTANT: **This form should be completed by the Participant's *SPOUSE*)**

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

1. My spouse, _____, is a Participant in the Sheet Metal Workers' Local Union No. 292 Annuity Fund.

2. The Plan is an Annuity Pension Plan, which provides for two forms of distribution options.

   a. **LUMP SUM PAYMENT**. A Lump Sum Payment is made to the Participant at the time of his Retirement or Termination of Employment equal to his vested Account Balance in the Plan. No further benefits are payable after the payment of the Lump Sum Benefit is made and no benefits are payable to the Spouse upon his death.

   b. **QUALIFIED JOINT & SURVIVOR ANNUITY**. If a Participant is legally married at the time of as of which payment of benefits is to commence or the date of death, the Participant's benefit will be paid in the form of a 50% or 100% Qualified Joint & Survivor Annuity. The 50% and 100% Qualified Joint & Survivor Annuity is an annuity (regular monthly payments) for the life of the Participant with a survivor annuity for the life of the Spouse which is equal to 50% or 100% the amount of the annuity which is payable during the joint lives of the Participant and Spouse and which is the equal to the amount of annuity benefit which can be purchased with the Participant's entire vested Account Balance.

3. The election of the Lump Sum Payment will not be effective unless I consent to that election. My consent must be in writing, include my acknowledgment of the effects of such an election, and must be witnessed by a representative of the Pension Plan or by a Notary Public.

4. I fully understand that if my spouse elects the Lump Sum Payment form of distribution that upon his death, I will not receive any benefit from the Pension Plan on his behalf.

II. I acknowledge that I have read and understand the information set out in this form. I hereby consent to my spouse's election to waive and/or reject the 50% and/or 100% Qualified Joint & Survivor Form of distribution and to take the Lump Sum Payment. I understand that I will not be entitled to any benefit subsequent to his death.

_____ _____

Signature of Participant's Spouse Date

I have witnessed the execution of the foregoing consent by _____ (participant's spouse's name), who identified herself/himself to me.

Place Notary Stamp Here

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

_____

Notary Public, _____ County

State of _____

My Commission expires _____

Seal