

**OPERATIVE PLASTERERS AND CEMENT MASONS
PROFIT SHARING ANNUITY FUND**

PH. (330) 779-8869 3660 STUTZ DR, SUITE 101 CANFIELD, OH 44406-8149 FX. (330) 270-3582

**WAIVER OF 30-DAY WAITING PERIOD
(MARRIED PARTICIPANTS ONLY)**

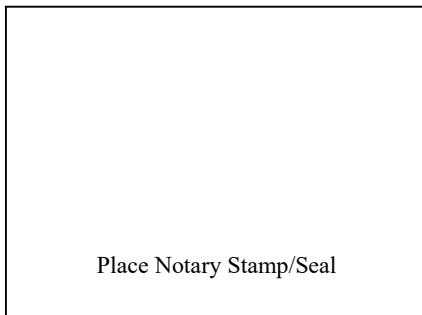
*****BOTH SIGNATURES MUST BE WITNESSED BY A NOTARY PUBLIC OR PLAN REPRESENTATIVE*****

PARTICIPANT WAIVER

I, _____, hereby acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 50% Joint and Survivor form, including my right to waive that form with the written consent of my spouse, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30 day notice period and instead elect a 7 day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30 day notice period.

By signing below, I hereby elect to waive the 30-day notice period:

Participant Signature _____ Date _____



Subscribed to and sworn to before me,

This _____ day of _____, 20_____.

Notary Public Signature _____

County _____

State of _____

My Commission expires _____

OR

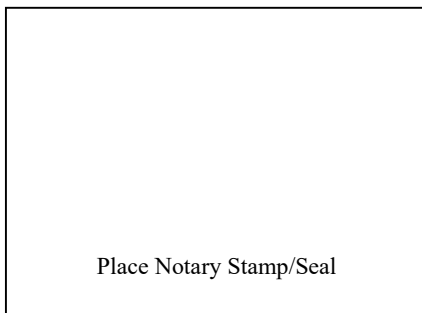
Plan Representative _____ Title _____ Date _____

SPOUSAL CONSENT TO WAIVER OF 30 DAY NOTICE REQUIREMENT

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written explanation of the 50% Joint and Survivor form, including my spouse's right to waive the 50% Joint and Survivor form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7 day notice period as permitted by federal law.

By signing below, I hereby consent to the election of my spouse to waive the 30 day notice period:

Spouse Signature _____ Date _____



Subscribed to and sworn to before me,

This _____ day of _____, 20_____.

Notary Public Signature _____

County _____

State of _____

My Commission expires _____

OR

Plan Representative _____ Title _____ Date _____

**IF THIS FORM IS NOT SIGNED AND RETURNED, YOUR APPLICATION WILL BE HELD FOR 30 DAYS
AFTER RECEIPT OF YOUR APPLICATION.**