OPERATIVE PLASTERERS AND CEMENT MASONS
PROFIT SHARING ANNUITY PLAN
PH. (330) 779-8869 3660 STUTZ DR, SUITE 101 CANFIELD, OH 44406-8149 FX. (330) 270-3582

SPOUSAL CONSENT FORM

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

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

   (a) My spouse is a Participant in the Operative Plasterers & Cement Masons Profit Sharing Annuity Fund.

   (b) The Plan is an Annuity Plan, which provides for several forms of distribution options. The normal form of benefit for a married Participant is a 50% Joint & Survivor Annuity, which means that the Participant will receive a monthly amount for the Participant's 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 & Survivor Annuity. I agree to give up that right. By signing this waiver, I acknowledge that I may receive less money than I would have received under the 50% Joint & Survivor Annuity.

   (d) If my spouse elects the lump sum or single life annuity forms of benefit, which may happen if I consent to a waiver of the 50% Joint & Survivor Annuity, then I will receive nothing after my spouse dies.

   (e) 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 agreement, then my spouse and I will receive payments from the Plan in the form of a 50% Joint & Survivor Annuity.

   (f) As of the effective date of my spouse's retirement, my consent is irrevocable.

2. 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% Joint & Survivor Annuity Form of distribution

_____ _____
Signature of **SPOUSE** Date

I have witnessed the execution of the foregoing consent by _____, who identified herself/himself to me.
(SPOUSE NAME)
(Notary Must Complete)

Place Notary Stamp/Seal Here

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_____

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