

SHEET METAL WORKERS' LOCAL 7-ZONE 3 BENEFIT FUNDS

P.O. Box 547
Troy, MI 48099-0547
(248) 641-4973 (800) 451-5733



PENSION BENEFIT OPTION ELECTION FORM

Please check one
_____ **WITHOUT SOCIAL SECURITY LEVELER**
or
_____ **WITH SOCIAL SECURITY LEVELER TO AGE 62**

(Single Applicant)

Name: _____ Soc. Sec. No.: _____

I hereby elected to receive my pension benefits effective _____ as follows:

(Please check the option you want)

_____ Straight Life Benefit

_____ 60 Guaranteed Payments (5 Year Certain) > **beneficiary form required**

_____ 120 Guaranteed Payments (10 Year Certain) > **beneficiary form required**

By signing this form, I understand that the option I have chosen above cannot be changed after 90 days of election. I also understand that should I choose a Straight Life benefit, all benefits will cease upon my death.

Retiree Signature

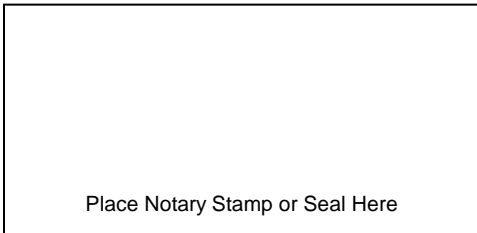
Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature

Print name

_____ County, Michigan My commission expires: _____



**A Notary Public or Plan Administrator must witness you and your spouse's signature for election form to be valid.

