

SHEET METAL WORKERS' LOCAL 7-ZONE 3 BENEFIT FUNDS

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



WAIVER OF 30-DAY NOTICE REQUIREMENT

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 Automatic Spouse Option of 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 more 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.

{ } **I elect to waive the 30 day notice period.**

_____ Date

_____ Your Signature

Witnessed by:

_____ or _____
Authorized Plan Representative

_____ Notary Public*

Place Notary Stamp or Seal here

_____ 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 Automatic Spouse Option of 50% Joint and Survivor form, including my spouse's right to waive the Automatic Spouse Option of 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. I hereby consent to the election of my spouse to waive the 30 day notice period.

_____ Date

_____ Spouse's Signature

Witnessed by:

_____ or _____
Authorized Plan Representative

_____ Notary Public*

Place Notary Stamp or Seal here

_____ Date

*Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

