

# 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**

**(Married 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**
- \_\_\_\_\_ 50% Joint and Survivor Option
- \_\_\_\_\_ 75% Joint and Survivor Option
- \_\_\_\_\_ 100% Joint and Survivor Option

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 Joint and Survivor Option and my spouse predeceases me, my benefits will revert to a Straight Life benefit. **Also, if I do not choose a J&S option, by signing below, my spouse understands that she will not receive a monthly survivor benefit payable for her lifetime.\*\*\*\***

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature\*\*\*\*

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_ County, Michigan My commission expires: \_\_\_\_\_

Place Notary Stamp or Seal Here

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

