For all married Participants who wish to waive rights to the Automatic Joint and Survivor Form of Benefit

FOR PARTICIPANT:

I, the undersigned Participant in the Building Trades United Pension Trust Fund - Milwaukee & Vicinity Pension Plan, have been fully informed of my right to receive my vested accrued benefits from the Plan in the form of a qualified Automatic Joint and Survivor post-retirement form of benefit which would provide monthly payments to my surviving spouse upon my death. I hereby waive the qualified Automatic Joint and Survivor post-retirement form of benefit, and select the following option:

- O Lifetime Only
- O Pop-up Joint and Survivor
- O Non-spouse Survivor
- O Life Annuity with Ten Year Certain
- O Level Income
- O Lump Sum

I understand I may revoke this election prior to my Annuity Starting Date by delivering a written revocation of this election to the Fund Office.

I understand that my spouse must consent to any waiver of the qualified Automatic Joint and Survivor post-retirement benefits for my waiver to be effective.

Date _____

_____
Signature

_____
Print Name

Your signature must be witnessed by a Pension Fund Representative or notarized here:

Pension Fund Representative or Notarial Acknowledgment

STATE OF _____)
) SS
COUNTY OF _____)

I acknowledge that _____ personally came before me this _____ day of _____, 20____, and is known to me to be the person who executed the above declaration.

_____
Pension Fund Representative / Notary Public

My commission expires: _____

Seal

Notary Public, State of _____

FOR PARTICIPANT'S SPOUSE:

I am the spouse of the afore-named Participant in the Building Trades United Pension Trust Fund - Milwaukee & Vicinity Pension Plan. I understand my spouse has a right to certain benefits under this Plan that may be distributable in the form of a qualified Automatic Joint and Survivor post-retirement form of benefit which would provide for monthly payments to me upon my spouse's death.

BY SIGNING THIS FORM, I CONSENT TO MY SPOUSE'S WAIVER OF THE AUTOMATIC JOINT AND SURVIVOR FORM OF BENEFIT, AND SELECTION OF THE FOLLOWING OPTION:

- O Lifetime Only
- O Pop-up Joint and Survivor
- O Non-spouse Survivor
- O Life Annuity with Ten Year Certain
- O Level Income
- O Lump Sum

I acknowledge that the effect of this consent is to give up any and all rights I would have had to receive **Automatic Joint and Survivor Benefits** from the Plan upon my spouse's death.

Date _____

_____
Signature

_____
Print Name

Your signature must be witnessed by a Pension Fund Representative or notarized here:

Pension Fund Representative or Notarial Acknowledgment

STATE OF _____)
) SS
COUNTY OF _____)

I acknowledge that _____ personally came before me this _____ day of _____, 20____, and is known to me to be the person who executed the above declaration.

_____
Pension Fund Representative / Notary Public

My commission expires: _____

Seal

Notary Public, State of _____

Declaration of All Unmarried or Separated Participants

Complete if you are not married or you are currently separated from and unable to locate your spouse.

I, the undersigned Participant in the Building Trades United Pension Trust Fund - Milwaukee & Vicinity Pension Plan, do hereby declare (check one)

O that I am not legally married at this time.

O that I am unable to locate my spouse.

and I agree to provide any evidence in support of this statement as may be required by the Trustees.

Date _____

_____
Signature

_____
Print Name

* * *

Your signature must be witnessed by a Pension Fund Representative or notarized here:

Pension Fund Representative or Notarial Acknowledgment

STATE OF _____)
) SS
COUNTY OF _____)

I acknowledge that _____ personally came before me this ____ day of _____, 20____, and is known to me to be the person who executed the above declaration.

_____
Pension Fund Representative/ Notary Public
My commission expires: _____

Seal

Notary Public, State of _____

Election to Waive Automatic Lifetime Only Form of Benefit

I, the undersigned Participant in the Building Trades United Pension Trust Fund, Milwaukee & Vicinity Pension Plan, having been fully informed of my right to receive my vested accrued benefits under the Plan in the form of a Lifetime Only form of retirement benefit which would provide monthly payments to myself from my Annuity Starting Date until my death, hereby waive the automatic Lifetime Only form of retirement benefit, and select the following option. I understand I may revoke this election until the date I begin to receive benefits from the Plan by delivering a written revocation of this election to the Fund Office before my Annuity Starting Date.

O Non-spouse Survivor

O Life Annuity with Ten Year Certain

O Level Income

O Lump Sum

Date _____

_____
Signature

_____
Print Name

Your signature must be witnessed by a Pension Fund Representative or notarized here:

Pension Fund Representative or Notarial Acknowledgment

STATE OF _____)
) SS
COUNTY OF _____)

I acknowledge that _____ personally came before me this ____ day of _____, 20____, and is known to me to be the person who executed the above declaration.

_____
Pension Fund Representative/ Notary Public
My commission expires: _____

Seal

Notary Public, State of _____