

**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:

- |  |   |
|--|---|
| <input type="checkbox"/> Lifetime Only | <input type="checkbox"/> Life with Ten Year Certain |
| <input type="checkbox"/> Level Income  | <input type="checkbox"/> Pop-up Joint and Survivor  |
| <input type="checkbox"/> Lump Sum      | <input type="checkbox"/> 75% Joint and Survivor     |
|  | <input type="checkbox"/> Non-spouse Survivor        |

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 \_\_\_\_\_

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:

- |  |   |
|--|---|
| <input type="checkbox"/> Lifetime Only | <input type="checkbox"/> Life with Ten Year Certain |
| <input type="checkbox"/> Level Income  | <input type="checkbox"/> Pop-up Joint and Survivor  |
| <input type="checkbox"/> Lump Sum      | <input type="checkbox"/> 75% Joint and Survivor     |
|  | <input type="checkbox"/> Non-spouse Survivor        |

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 \_\_\_\_\_

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 \_\_\_\_\_