

**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)

- that I am not legally married at this time.
- 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 \_\_\_\_\_

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.

- Non-spouse Survivor
- Life Annuity with Ten Year Certain
- Level Income
- 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 \_\_\_\_\_

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 \_\_\_\_\_