

Plumbers' Retirement Savings Fund, Local 130, U.A.
WAIVER OF QUALIFIED JOINT & SURVIVOR ANNUITY

Account Number **51837 -1- 1**
Plan Name: **Plumbers' Retirement Savings Fund, Local 130, U. A.**

Attached is a completed:

☐ Participant Distribution Form ☐ In-Service Withdrawal Form ☐ Hardship Distribution Form

PARTICIPANT INFORMATION

Name _____

Social Security Number _____

Spouse's Name _____

SPOUSAL CONSENT TO WAIVE THE QUALIFIED JOINT & SURVIVOR ANNUITY

I, the Participant's spouse, understand that I have a right to have the Plan pay my spouse's retirement benefits in the special Qualified Joint & Survivor Annuity (QJSA) payment form and I agree to give up that right. I understand that by signing this form, I may receive less money than I would have received under the special QJSA payment form and I may receive nothing after my spouse dies, depending on the form that my spouse chooses.

I agree that my spouse can receive retirement benefits in the form my spouse elected on the attached distribution form. I understand that my spouse cannot choose a different form of retirement benefit unless I agree to the change (unless to increase the survivor benefit of the Joint and Survivor Annuity).

I understand that I do not have to sign this form. I am signing this agreement voluntarily. I also acknowledge that as the Participant's spouse, I have the right to limit my consent only to a specific payment election and that I voluntarily elect to relinquish such right. I further understand that if I do not sign this form, then my spouse and I will receive payments from the plan in the special QJSA.

SIGNATURES

Spouse's signature must be witnessed by a Notary Public or a Fund Employee.

Signature _____ Date _____

Notary Public

Before me, the undersigned notary, personally appeared _____, and proved to me through identification documents allowed by law, to be the person who signed the preceding document in my presence and who affirmed to me that they executed the above Consent of Spouse as a free and Voluntary act. IN WITNESS, WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____

_____, _____ Witnessed: _____

State: _____ County: _____ (SEAL)

OR Fund Employee

Witnessed Fund Employee: _____ Date: _____