



**CONTINGENT ANNUITANT ELECTION FORM
FOR JOINT & SURVIVOR BENEFITS**

Note: If your Contingent Annuitant is your spouse, you do not need to complete this form.

I, (Full Name) _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Local Union No. _____ Register No. _____

request the Joint & Survivor Form of payment. I hereby name as my Contingent Annuitant

Full Name _____ Relationship _____

Birth Date - mo/day/yr _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

I understand that in order to provide a benefit to my Contingent Annuitant I will receive a reduced benefit from that figured under the 60 Payment Guarantee.

In order to comply with Federal Laws, we must know whether or not you have been divorced.

Yes No

If yes, you must send a copy of your Divorce Decree with this election form to the Fund Office. Further, if your Contingent Annuitant is not your spouse and you are married, your spouse must witness this election form.*

I certify that I have read this form and understand the rules of this type of payment.

Signature of Participant _____ Date _____

If I am the spouse of the Participant, I hereby acknowledge that I have read this form and understand that my spouse has named a Contingent Annuitant to receive a Joint & Survivor benefit.

Signature of Participant's Spouse
Or Witness* _____ Date _____

*If you are married, witness must be your spouse.
If you are not married any other person may witness.
What happens if your Contingent Annuitant dies:

- A. If death occurs after your retirement there is no increase in your monthly benefit.
- B. If death occurs prior to your retirement, subject to the spousal consent requirements, you may revoke or change the disposition of your Contingent Annuitant at any time prior to the effective date of retirement benefit payments but not thereafter.

An accepted copy of this form will be returned to you once the Fund Office has received and recorded the information.