



International Union of Operating Engineers

Local No. 132 Trust Office

P.O. Box 2626 Huntington, West Virginia 25726-2626
(304) 525-0482 or 1-800-642-3525 www.iuoe132.org

PENSION FUND

Rejection of the Qualified Survivor Benefit

Only complete this form if you wish to waive your right to a Qualified Survivor Benefit

Upon becoming a Participant in the IUOE Local 132 Pension Fund, should your death occur prior to becoming vested for a retirement benefit, your spouse or designated beneficiary may be entitled to a lump sum death benefit. When you become vested in a future retirement benefit and should you die before your Early Retirement date, your surviving spouse will automatically be entitled to a Qualified Survivor Benefit. This benefit will be in the form of a monthly payment equal to 100% of your earned monthly benefit at the date of your death (known as the 100% Qualified Joint & Survivor Benefit).

Your spouse's right to a future Qualified Survivor Benefit can be waived only by you in writing with the written consent of your spouse. Such consent must be upon this form provided by the Fund Office and must be filed with the Fund Office prior to your death. Your spouse cannot waive the Qualified Pre-Retirement Survivor benefit after your death.

Do not complete this form if you wish for your spouse to be entitled to the Qualified Survivor monthly benefit.

Participant's Consent

I hereby reject any Qualified Survivor Benefit which may be payable to my spouse in the event of my death prior to my early retirement date. I understand this rejection will permit the Plan to pay a Lump Sum Death Benefit in lieu of a monthly survivor benefit.

→ _____ →
Participant's Signature (Witnessed by a Notary Public) ID Number or SSN Date

Spouse's Consent

I hereby consent to the Participant's rejection of the Qualified Survivor Benefit which may be payable to me in the event of my spouse's death. I understand this rejection will preclude my receiving a monthly survivor benefit and I may only be entitled to a lump sum death benefit.

→ _____ →
Spouse's Signature (Witnessed by a Notary Public) Social Security Number Date

STATE OF _____

COUNTY OF _____, TO WIT:

The foregoing was acknowledged and completed before me, this the _____ day of _____, _____, by _____ and _____, whose names are signed in writing above.

My commission expires

Signature of Notary Public

{Notary Seal}