



**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**

**Reversion of the Rejection of the Qualified Survivor Benefit**

**Complete this form to entitle your spouse 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, which is a benefit 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).

**If you have previously completed a Rejection of the Qualified Survivor Benefit form and now wish to reverse that decision, you and your spouse must complete the sections below.**

**Participant's Consent**

I hereby wish to reverse my decision to 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 recognize this reversion of the rejection will permit the Plan to pay a Qualified Survivor Benefit in lieu of a Lump Sum Benefit.

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

**Spouse's Consent**

I hereby consent to the Participant's decision to the reversion of the Rejection of the Qualified Survivor Benefit which may be payable to me in the event of my spouse's death. I realize such rejection will preclude my receiving a Lump Sum Death Benefit and the only benefit which I may be entitled is a monthly Qualified Survivor 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

