

**NORTHERN CALIFORNIA ELECTRICAL WORKERS PENSION TRUST**

**DEFINED BENEFIT PLAN**

**Spousal Consent to Waiver of Qualified Joint and Survivor Annuity  
(Voluntary Waiver)**

**Participant** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

I am the lawful spouse of the above-named Participant.

I am aware that under federal law and the terms of the Northern California Electrical Workers Pension Plan ("Plan"), the normal form of benefit for a married Participant is the Joint and 50% Survivor Annuity.

I understand that under the Joint and 50% Survivor Annuity, my spouse would receive a reduced monthly pension during his or her lifetime, but upon his or her death, I would then be entitled to one-half of that reduced benefit for the remainder of my life. I understand that if I do not waive the Joint and Survivor Annuity for of benefit, the Plan would be required to pay my spouse's pension in that form of benefit.

I understand that as a result of this waiver, I will not be entitled to any survivor benefits upon my spouse's death (unless the benefit option selected provides for such). I understand, therefore, that I am "forfeiting" benefits to which I otherwise would be entitled to receive.

I understand that I may revoke this waiver only up until benefits actually commence being paid to my spouse. I recognize that once benefits commence being paid to my spouse, I can no longer revoke this waiver. Thus, I know that this waiver is irrevocable.

I fully understand the consequences of my consent, understand the financial effect of the benefit option that has been selected, and recognize that my spouse's election of the optional form of payment indicated on the attached form may not be changed.

I hereby voluntarily consent to my spouse's waiver of the Joint and 50% Survivor Annuity form of payment from the Northern California Electrical Workers Pension Plan.

Spouse's Name \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**This consent is valid only if witnessed by a Notary Public or Plan Representative.**

Witnessed by \_\_\_\_\_, Plan Representative on  
\_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Plan Representative

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ (date) before me, \_\_\_\_\_, Notary Public,  
personally appeared \_\_\_\_\_ (signer),

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Signature

Notary Seal