

SPOUSAL CONSENT FORM

Local 46 IBEW Retirement Annuity Plan

NOTE: This form must be completed by the spouse of the Plan Participant unless the Participant: 1) elects a Joint and Survivor Annuity or 2) has a vested account balance of \$5,000 or less.


Please complete the following information (type or print).



PARTICIPANT'S NAME	SOCIAL SECURITY NO.

SPOUSAL CONSENT (To be completed by the spouse of the Participant)

I certify that I am the spouse of the Participant named above and that I have reviewed and consented to the election selected on the Distribution Election Form. I understand that I have the right to have the Plan pay my spouse's vested account in the form of a Joint and Survivor Annuity (which will provide a lifetime annuity to my spouse with continuing payments to me for my lifetime, provided that I outlive my spouse); and, I hereby agree to give up that right. I understand that by signing this **Spousal Consent Form**, I may receive less money than I would have received under the Joint and Survivor Annuity and that I may receive nothing after my spouse dies, depending on the payment form or beneficiary that my spouse chooses.



I understand that if I do not sign this **Spousal Consent Form**, then my spouse and I will receive payments under the Plan in the form of a Joint and Survivor Annuity.

_____ 
Spouse's Name (Print)

_____  _____ 
Signature of Spouse Date

WITNESSED BY (To be completed by Plan Representative or Notary Public)

PLAN REPRESENTATIVE


_____  _____ 
Signature of Plan Representative Date

OR

NOTARY PUBLIC

State of _____, County of _____, ss.

On this, the ___ day of _____, 20___, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

_____ 
Signature of Notary Public (SEAL)

My Commission Expires: ___ / ___ / ___

Return this form to: Trust Office, Local 46 IBEW, c/o Welfare and Pension, Administration Services, Inc., Seattle, WA 98124.
