

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST  
ELECTION TO WAIVE THE QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA);  
100% JOINT AND SURVIVOR SPOUSAL PENSION**

As a Participant in the Plan, I hereby acknowledge that I have been informed by the Fund Administrator that my benefits under the Plan will be paid to me in the normal form of a 100% Joint and Survivor Spousal Pension (QJSA); that I have the right to waive this normal form of payment, provided that my spouse consents in writing to the waiver; that I understand the terms of a 100% Joint and Survivor Spousal Pension (QJSA) and the financial effect of a waiver; and that I may revoke any waiver in effect prior to the commencement date of such benefit.

I hereby elect to waive the 100% Joint and Survivor Spousal Pension (QJSA) and to have my benefits distributed as indicated on the front of this form.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Participant Signature

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

\_\_\_\_\_  
Type or Print Name

**SPOUSE'S CONSENT TO WAIVER**

I hereby consent to the foregoing election by my spouse, to have benefits under the Plan distributed in the form specified therein rather than in the normal form of a 100% Joint and Survivor Spousal Pension (QJSA). Further, I hereby acknowledge that I understand (1) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver prior to the commencement date of such benefit.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Participant's Spouse

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

\_\_\_\_\_  
Type or Print Name

**Notary Statement**

On the \_\_\_ day of \_\_\_\_\_, 20\_\_ , before me came \_\_\_\_\_ known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public

Seal

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

My commission expires on: \_\_\_\_\_