

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST
ELECTION TO WAIVE THE QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA);
50% 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 50% 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 50% 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 50% 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 50% 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: _____