



Sheet Metal Workers' Local 10 Pension Fund

1681 East Cope Ave, Suite B, Maplewood, MN 55109
651-770-0991 Fax 651-770-1351 1-800-396-2903

PART VII - Retirement Option Election Form – *must complete all 3 sections*

Section 1:

For Married Participants:

I am married and, therefore; my normal form of benefit is the Husband and Wife Pension. My spouse and I will have been married at least one year at the time benefit payments are to commence.

() I DO wish to receive my benefit under the Husband and Wife Pension form (OPTION B)

() I DO NOT wish to receive my benefit under the Husband and Wife Pension form and hereby elect Option:

- _____ Option A – Full Life Annuity
- _____ Option C – 75% Joint & Survivor Annuity
- _____ Option D – 100% Joint & Survivor Annuity
- _____ Option E – Social Security Level Income option

If you elect option A or E, you and spouse must complete the rejection form provided by Fund Office (Pg 9).

For Single Participants:

I am single (unmarried, widowed, divorced) and, therefore; my normal form of benefit is the Life Annuity

() I DO wish to receive my benefit as a Full Life Annuity (OPTION A)

() I DO NOT wish to receive my benefit as the Full Life Annuity and hereby elect Option:

- _____ Option B – 50% Joint & Survivor Annuity
- _____ Option C – 75% Joint & Survivor Annuity
- _____ Option D – 100% Joint & Survivor Annuity
- _____ Option E – Social Security Level Income option

If you are Single you must complete the rejection form provided by the Fund Office (Page 9).

Section 2: *If choosing the Husband & Wife or Joint Annuitant Option:*

My joint annuitant under Option B, C or D is to be _____ whose date of birth is _____. (Proof of age must be submitted with this form for such designated joint annuitant)

() The above election revokes a previous election dated _____.

Section 3: There are no claims on any of my pension benefits under a previous divorce decree or pending Qualified Domestic Relations Order. I understand that the exact amount of my monthly annuity will be determined upon my actual retirement.

Date

Signature of Employee

Signature of Witness - other than your named beneficiary