SHEET METAL WORKERS' LOCAL 10 PENSION FUND

1681 East Cope Avenue, Suite B Maplewood, MN 55109-2631

Signature of Witness - other than your named beneficiary

(651) 770-0991 1-800-396-2903 Fax (651) 770-1351

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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 an will have been married at least one year at the time benefit payments are to commence.	d I
() 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 your spouse must complete the rejection form provided by the Fund (Page 9).)ffice
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	