

# Husband-and-Wife Pension Rejection

**Participant's Statement** I hereby DO NOT elect to receive my pension benefits in the form of a Husband-and-Wife Pension. I understand that rejecting this form of pension means that no benefits will be paid to my spouse by the Pension Plan after my death unless she/he is entitled to benefits as my designated beneficiary or contingent annuitant.

- I swear that I am not legally married at this time.
- I swear that I am unable to locate my spouse.
- I swear that the person co-signing this document below is my spouse.

Participant's Name (Please print) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

before me came \_\_\_\_\_ to me known and known to me to be the person described and who executed the forgoing statement and (s)he duly acknowledged to me that (s)he executed the same.

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

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**Spouse's Statement:** I swear that I am the legal spouse of the participant signing above. I hereby consent to my spouse's rejection of the Husband and Wife Pension. I understand that as a result, I will not be paid a pension from the Plan after my spouse's death unless I am entitled to benefits as my spouse's designated beneficiary. I further consent to the beneficiaries designated by my spouse on the reverse side of this form and hereby authorize a future change in the designated beneficiaries without my further consent.

Spouse's Name (Please print) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

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

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