



OFFICE OF THE SECRETARY
JONATHAN E. THOMAS

Maryland Electrical Industry Funds

9411 Philadelphia Road, Suite S – Baltimore, MD 21237

Phone: (410) 444-8516

Toll Free: (800) 352-2741

Fax: (410) 444-0035



TRUSTEES

ROGER LASH
NATHAN GOLDBERG
THOMAS BENJAMIN
E. CHRISTOPHER ODELL
MICHAEL G. AZZARELLO

RICHARD W. CARDER
JAMES H. CORNELIUS
PETER P. DEMCHUK
JONATHAN E. THOMAS
N. FREDERICK CHURCHMAN

WAIVER OF PRE-RETIREMENT HUSBAND & WIFE PENSION BENEFIT and BENEFICIARY DESIGNATION FORM

If you die before benefit payments begin and you are vested in the Plan, your spouse by law will automatically entitled to a monthly lifetime Pre-Retirement Husband & Wife Death Benefit based upon your pension credits earned at the time of your death. The Pre-Retirement Husband & Wife Death Benefit is payable **only** if you and your spouse were married for at least one year prior to the date of your death. Therefore, if you wish to waive the automatic Pre-Retirement Husband & Wife Death Benefit and designate your spouse or any other Beneficiaries to receive pre-retirement death benefits which may be payable under the 60 Month Guaranteed Death Benefit, you must complete this waiver form. **Please note that if you are not married, this form must still be signed before a Notary Public.**

Employee's Statement

After considering the pre-retirement survivor payment options of the Maryland Electrical Industry Pension Fund, I _____ hereby waive the automatic Pre-Retirement Husband & Wife Death Benefit that would otherwise be payable to my spouse at my death. I elect, instead, to have any pre-retirement death benefit paid to the following people designated below. **If our member is married and does not choose their spouse as the Primary Beneficiary, the Spouse's Statement section of this form must be completed by the spouse.**

Primary Beneficiaries

Beneficiary Name		Social Security No.	
Address		City/State/Zip	
Beneficiary Name		Social Security No.	
Address		City/State/Zip	

In addition, I hereby designate the following people as my Contingent Beneficiaries in case no Primary Beneficiaries survives me. (A Contingent Beneficiary is entitled to receive benefits **only** if all designated Primary Beneficiaries pre-decease you.)

Contingent Beneficiaries

Beneficiary Name		Social Security No.	
Address		City/State/Zip	
Beneficiary Name		Social Security No.	
Address		City/State/Zip	

I understand that this waiver will not be valid without the written, notarized consent of the person to whom I am married when I die, if we have been married for at least one year by that time, and that I can revoke this waiver at any time before my death or retirement.

- I hereby swear that the person co-signing this document is my current legal spouse.
- I hereby swear that I am not legally married at this time.
- I hereby swear that I am unable to locate my spouse. (Contact the Fund Office for additional information.)

Member's Signature

Social Security No.

Date

Sworn and subscribed to before me this _____ day of _____, _____.

Notary Public My commission expires on _____ of _____, _____.

Spouse's Statement

I _____, swear that I am the legal spouse of the employee described hereon. I hereby consent to my spouse's waiver of the Pre-Retirement Husband & Wife Death Benefit. I understand that as a result, I will not receive a lifetime monthly annuity from the Maryland Electrical Industry Pension Fund if my spouse dies before retirement. In addition, I acknowledge that the 60 Month Guaranteed Death Benefit, if any is payable, shall be paid in the order indicated to the Beneficiaries designated.

I understand further that my spouse may not name someone other than me as beneficiary to receive the benefit I otherwise would receive unless I either acknowledge the designated beneficiary or waive my right to so.

Nevertheless, I hereby:

- Consent to the election made by my spouse that the Pre-Retirement Death Benefit payable under the Plan as a result of my spouse's death shall be payable in the form of a 60 Month Guaranteed Death Benefit, rather than the Pre-Retirement Husband & Wife Death Benefit.
 - Such designation **may not** be changed or revoked without my consent.
 - Such designation **may** be changed or revoked at any time without my consent.
- Consent to the designation of the Beneficiaries.
 - Such designation **may not** be changed or revoked without my consent.
 - Such designation **may** be changed or revoked at any time without my consent.

My consent is irrevocable unless my spouse revokes their waiver of the Husband & Wife Death Benefit

Spouse's Signature

Social Security No.

Date

Sworn and subscribed to before me this _____ day of _____, _____.

Notary Public My commission expires on _____ of _____, _____.