



California Field Ironworkers Pension Trust
 131 N. El Molino Ave., Suite 330, Pasadena, CA 91101-1878
 (626) 792-7337 • (626) 578-0450 Fax

PENSION ELECTION PAYMENT FORM

Please check the appropriate box and provide the requested information. This form must be returned to the Fund Office before your pension can begin.

PLEASE CHECK ONLY ONE BOX:

- I do not wish to receive my pension benefit in the form of a Husband-and-Wife Pension.
- I want my pension benefits to be paid as a _____50% _____75% _____100% Husband-and-Wife Pension. I understand that in the event of my death, this benefit is provided instead of the Fund's 36-payment guarantee, otherwise provided.

EMPLOYEE INFORMATION

Employee's Name: _____

Address: _____
Street City State Zip

Social Security Number: _____/_____/_____

Date: _____ Employee's Signature: _____

SPOUSE INFORMATION

I hereby certify that I am the legal spouse of the above named Employee and consent to my spouse's choice as set forth above.

_____/_____/_____
 Spouse's Name (Please Print) Spouse's Social Security Number

 Spouse's Address, if different from above

 Spouse's Signature

NOTE: EMPLOYEE AND SPOUSE'S SIGNATURE MUST BE NOTARIZED

NOTARY INFORMATION

Subscribed and sworn before me this _____ day of _____, 20_____

 Notary Public in and for the

County of _____ State of _____

(SEAL)