



CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

Pension Trust • Welfare Plan • Vacation Trust
Apprenticeship Training & Journeyman
Retraining Fund • Annuity Trust

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

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by

_____ and _____

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary _____

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