

APPLICATION FOR CHANGE IN PERIODIC PAYMENT

SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

1. Please read each question carefully.
2. PRINT all information.
3. Be sure to answer all applicable questions. This will avoid delays in processing your application.
4. Be sure to Sign & Date the Application.
5. Mail application & documents to address below.
6. Phone: 800-541-8059

A. EMPLOYEE PERSONAL DATA:

1. PLAN PARTICIPANT'S NAME: _____ 2. SOCIAL SECURITY NO.: _____
3. ADDRESS: _____ 4. DATE OF BIRTH: _____
- _____ 5. PHONE: _____
6. LAST EMPLOYER: _____ 7. LOCAL UNION: _____
8. DATE LAST WORKED: _____

B. Benefit Type:

RETIREMENT

Date: _____

DISABILITY (attach copy of Social Security Award Letter and/or certification from the attending physician.)

DEATH

Date: _____

C. PAYMENT IN THE FOLLOWING FORM:

Equal Monthly Payments of \$ _____

Effective: _____

(Must be in multiples of \$100)

D. BENEFICIARY INFORMATION

I hereby designate the following individual(s) to receive any payments under the Plan which may be due in the event of my death

BENEFICIARY NAME _____ DATE OF BIRTH _____

RELATIONSHIP _____ SOCIAL SECURITY NO. _____

ADDRESS _____

PHONE NO. _____

I hereby apply for a change in benefit payment from the above reference Fund. I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for benefits, and that the Trustees have the right to recover any payment made to me because of a false statement.

SIGNATURE _____

DATE _____

United Administrative Services
6800 Santa Teresa Blvd. Suite 100
San Jose, CA 95119
(408) 288-4557

SPOUSAL WAIVER FORM

SACRAMENTO AREA ELECTRICAL WORKERS LOCAL 340 PENSION PLAN

FORM FOR SPOUSE TO CONSENT TO PARTICIPANT'S ELECTION TO RECEIVE PENSION IN A FORM OTHER THAN STANDARD JOINT AND 50% TO SPOUSE

For a married participant, federal law (ERISA) requires that the Plan's standard form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a reduced lifetime benefit for a married participant, and upon the participant's death, 50% of the monthly pension amount will continue being paid to the surviving spouse for the spouse's lifetime. Pension Benefits will be paid in this form unless the spouse signs this waiver form consenting to an alternate benefit option. Spouse's signature must be notarized.

I declare under penalty of perjury that _____ is my spouse.
(Participant's Name)

I hereby consent to my spouse's election to receive our pension benefit in a form other than the "Standard Joint and 50% to Spouse Benefit". I understand that this means that if my spouse predeceases me, I will not receive the standard survivor's annuity I would otherwise receive as required by law. I further understand that this waiver is irrevocable after 90 days of the date this form was signed below.

Date: _____

Participant's Name (Please Print)

Spouse's Name (Please Print)

Participant's Social Security No.

Spouse's Social Security No.

Spouse's Signature: _____

(Must be witnessed by a Notary Public or Plan Representative)

TO BE COMPLETED BY PLAN REPRESENTATIVE

Signature of spouse witnessed this ____ day of _____, 20____ in the presence of:

Plan Representative Signature

Form of I.D. _____

Print Name

or

See Next Page for Notarization

United Administrative Services
6800 Santa Teresa Blvd. Suite 100
San Jose, CA 95119
(408) 288-4557

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____,
Date Here Insert Name and Title of the Officer

personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Corporate Officer - Title(s): _____ Corporate Officer - Title(s): _____

Partner - Limited General Partner - Limited General

Individual Attorney in Fact Individual Attorney in Fact

Trustee Guardian or Conservator Trustee Guardian or Conservator

Other: _____ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____