

Pipe Fitters' Local 597
WELFARE & RETIREMENT FUNDS

Union Trustees
James Buchanan
Thomas J. Kotel
John E. Kuszynski
Gregory J. Watson

Peter A. Driscoll, Administrator
45 N. Ogden Avenue Chicago, IL 60607
Phone: 312-633-0597 ♦ Fax: 312-829-9796
www.pf597.org

Employer Trustees
Frederick S. Oyer
John D. Curran
Victor Giometti
Stephen L. Lamb

ELECTION FORM FOR 50% HUSBAND-AND-WIFE PENSION
OR 100% HUSBAND-AND-WIFE PENSION

I currently have a Qualified Spouse*. I am attaching a copy of my spouse's birth certificate and a copy of our marriage license. I understand that the normal form of benefit payable by the Fund upon retirement is a 50% joint and survivor pension. Under this normal form of benefit, I would receive the full single-life annuity value of my pension, and upon my death, my surviving Qualified Spouse would receive 50% of that amount for the remainder of their life. I also understand that I have the option of waiving the normal form of benefit in favor of the 100% Husband-and-Wife Benefit. If I elect this option, my benefits will be reduced by 10%, plus 4/10 of 1% for each year my spouse is younger than me and less 4/10 of 1% for each year my spouse is older than me. However, in the event of my death, my surviving Qualified Spouse will continue to receive the same monthly pension I was receiving for their life with no further reduction.

I hereby elect as follows (check one):

- A. I do not waive the 50% joint and survivor pension.
- B. I waive the 50% joint and survivor pension and elect the 100% Husband-and-Wife Pension. I understand that my Pension benefit will be reduced to provide my spouse with the full amount of my benefit for the remainder of my spouse's life if I predecease my spouse. I understand that my spouse and I may revoke this election prior to my pension becoming payable.

Member's Name	_____	_____	_____	_____	_____
	First	Middle Initial	Last		
	Social Security #			Local 597 Union Card #	
Address	Street			City	State Zip Code
	Phone #		Email Address		
Spouse's Name	_____	_____	_____	_____	_____
	First	Middle Initial	Last		
	Spouse's Social Security #				
Spouse's Signature	_____			Date	/ /
Member's Signature	_____			Date	/ /

* A Qualified Spouse is a legal spouse who you have been married to for at least the last 12 months. A Qualified Spouse also includes an ex-spouse named the surviving spouse under a Qualified Domestic Relations Order.