

MACHINISTS MONEY PURCHASE PENSION FUND

2 Gateway Center, 603 Stanwix St., Suite 1500, Pittsburgh, PA 15222-1534

Phone: 201-947-8000

Fax: 201-947-9192

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APPLICATION FOR DISTRIBUTION OF BENEFITS

If you wish to receive a distribution of your benefit under the Machinists' Money Purchase Pension Plan, complete the enclosed Application and Election forms. Be certain to have the applicable Sections of the Application notarized and return the application to the Fund Office in the enclosed envelope.

Section 1. All Applicants must complete Section 1.

Section 2. Complete Section 2 if you are not married. Section 2 must be notarized.

Section 3. Complete Section 3 if you are married. Section 3 must be notarized.

Section 4. Complete Section 4 if you are applying for a Lump Sum Distribution of your Annuity Account. Section 4 must be notarized.

Section 5. Spousal Waiver and Consent. If you are married and reject the Qualified Joint and Survivor Annuity and elect a lump sum distribution, installment payments or a Single Life Annuity, your spouse must complete the Waiver and Consent. Your spouse's signature must be notarized.

You should carefully read the attached notices before completing your Application and Election forms:

- Methods of Distribution and Relative Values of Distribution Options. This will provide you with general information on the forms of distribution and their relative values.
- Special Tax Notice. Read the attached Tax Notice carefully before you elect a payment method. You may also want to consult with your tax advisor regarding the information contained in the Notice before making your election. You must return the signed and notarized Acknowledgement with your Application.
- Notice of Right to Defer a Benefit. If you have not reached age 70 ½ (or have not retired), you may defer receipt of benefits under the Plan. You should read the attached Notice of Right to Postpone Distribution before you decide whether to take a distribution now or wait until a later date. You will have no fewer than 30 days to consider whether to defer a benefit and may consider the decision for up to 180 days.

If you have any questions, please contact the Fund Office.

After we receive your Application and required documentation we will process your claim as quickly as possible. We will contact you if we require additional information or documentation.

**MACHINISTS MONEY PURCHASE PENSION PLAN
APPLICATION
SECTION 1**

ALL APPLICANTS MUST COMPLETE SECTION 1 AND SIGN BEFORE A NOTARY

PARTICIPANT'S NAME _____

LAST

FIRST

MIDDLE INITIAL

SOCIAL SECURITY ____/____/____

DATE OF BIRTH ____/____/____

MONTH DAY YEAR

ADDRESS _____

STREET ADDRESS

TELEPHONE NUMBER () _____

City

State

Zip Code

Area code

GENDER

☐ MALE ☐ FEMALE

NAME OF

LAST DATE

LAST EMPLOYER _____

WORKED _____

MARITAL STATUS (CHECK ONE): ☐ **MARRIED** (ATTACH COPY OF MARRIAGE LICENSE)

☐ **I CERTIFY THAT I HAVE NOT BEEN PREVIOUSLY MARRIED**

☐ **I CERTIFY THAT THERE IS NO QUALIFIED DOMESTIC RELATIONS ORDER
OR ANY OTHER DOCUMENT AWARDED ANY PART OF MY PENSION TO A
FORMER SPOUSE(S) OR ANY OTHER PERSON**

☐ **SINGLE**

☐ **DIVORCED** (ATTACH COPY OF DIVORCE DECREE/QUALIFIED DOMESTIC RELATIONS ORDER, IF ANY)

☐ **WIDOWED** (ATTACH COPY OF DEATH CERTIFICATE)

SPOUSE'S

NAME _____

SPOUSE'S

SOCIAL SECURITY ____/____/____

SPOUSE'S

DATE OF

DATE OF BIRTH ____/____/____

MARRIAGE ____/____/____

MONTH DAY YEAR

MONTH DAY YEAR

**MACHINISTS MONEY PURCHASE PENSION PLAN
APPLICATION**

Section 1 (Continued)

I AM APPLYING FOR A DISTRIBUTION OF MY RETIREMENT BENEFITS FOR THE FOLLOWING REASON (CHECK ONE):

- ☐ RETIREMENT ☐ SEPARATION FROM SERVICE* WITH ANY CONTRIBUTING EMPLOYER FOR AT LEAST 90 DAYS
- ☐ TOTAL DISABILITY ☐ DEATH OF PARTICIPANT (ATTACH DEATH CERTIFICATE; COMPLETE SECTION 3A, IF APPLICABLE,
AND SECTION 4)
-

*CONTINUED EMPLOYMENT WITH A FORMER CONTRIBUTING EMPLOYER OR SUCCESSOR IS NOT A SEPARATION FROM SERVICE

I AGREE THAT ELIGIBILITY FOR ANNUITY BENEFITS IS GOVERNED IN ALL RESPECTS BY THE PROVISIONS OF THE PLAN DOCUMENT OF THE MACHINIST MONEY PURCHASE PLAN, AS AMENDED (THE "PLAN") AND THAT THE MAKING OF ANY BENEFIT PAYMENT AND ITS ACCEPTANCE BY ME SHALL NOT PREVENT THE TRUSTEES FROM RECOVERING, OR IN ANY OTHER WAY AFFECT THEIR RIGHT TO RECOVER, ANY PAYMENT TO ME IN EXCESS OF THE AMOUNT TO WHICH I AM ENTITLED UNDER THE PROVISIONS OF THE PLAN, NOR SHALL THE MAKING OF ANY BENEFIT PAYMENTS TO ME OBLIGATE THE TRUSTEES IN ANY WAY TO MAKE ANY FURTHER PAYMENTS IN ANY AMOUNT WHATSOEVER EXCEPT AS THE SAME MAY BE PROVIDED FOR BY THE PLAN.

I HAVE READ AND UNDERSTAND THE DESCRIPTION OF METHODS OF DISTRIBUTION AND NOTICE REGARDING THE RELATIVE VALUES OF THE DISTRIBUTION OPTIONS.

I HAVE READ AND UNDERSTAND THE NOTICE REGARDING MY RIGHT TO POSTPONE DISTRIBUTION OF BENEFITS OR ELECT TO APPLY FOR PENSION AT THIS TIME.

I ACKNOWLEDGE RECEIPT OF THE TAX NOTICE, WHICH I HAVE READ AND UNDERSTAND.

I AGREE TO INDEMNIFY AND HOLD HARMLESS THE PENSION PLAN FROM ANY CLAIM THAT MAY BE MADE BY ANY FORMER SPOUSE(S) OR ANY OTHER PERSON FOR ANY PORTION OF MY ANNUITY BENEFITS AND SHALL BE SOLELY RESPONSIBLE FOR PAYMENT TO ANY FORMER SPOUSE(S) OR OTHER PERSON IF IT IS DETERMINED THAT ANY AMOUNT SHOULD HAVE BEEN PAID TO THEM.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND THE DOCUMENTATION ATTACHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAKING A FALSE STATEMENT OR SUBMITTING FALSE DOCUMENTATION MAY RESULT IN A REDUCTION IN OR LOSS OF ANNUITY BENEFITS.

**MACHINISTS MONEY PURCHASE PENSION PLAN
APPLICATION**

Section 1 (Continued)

Signature: _____

Dated: _____

SIGNATURE OF PARTICIPANT

(OR SIGNATURE OF BENEFICIARY OF DECEASED PARTICIPANT)

STATE OF _____ }

COUNTY OF _____ }

ON THE _____ DAY OF _____ 20____ BEFORE ME PERSONALLY CAME
_____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO
EXECUTED THE FOREGOING APPLICATION, SECTION 1, AND AFFIRMATION, AND HE OR SHE ACKNOWLEDGED
TO ME THAT HE OR SHE EXECUTED THE SAME.

NOTARY PUBLIC _____

COMMISSION EXPIRES _____

MACHINISTS MONEY PURCHASE PENSION PLAN
ELECTION OF DISTRIBUTION METHOD AND AFFIDAVIT OF UNMARRIED PARTICIPANTS
SECTION 2
(MUST BE NOTARIZED)

READ CAREFULLY. CHECK ONE BOX, SIGN AND DATE.

THE NORMAL FORM OF NEFIT FOR UNMARRIED PARTICIPANTS IS A STRAIGHT LIFE ANNUITY. THIS IS A MONTHLY BENEFIT PAYABLE FOR THE PARTICIPANT'S LIFE ONLY. THE AMOUNT OF THE MONTHLY BENEFIT IS DETERMINED BY SEVERAL FACTORS: YOUR ANNUITY ACCOUNT BALANCE AT RETIREMENT, YOUR AGE AND LIFE EXPECTANCY AND THE INTEREST RATE USED TO CALCULATE THE STREAM OF MONTHLY PAYMENTS THAT ARE EXPECTED TO BE MADE DURING YOUR LIFETIME. UNDER THIS METHOD, THE FUND WOULD PURCHASE A STRAIGHT LIFE ANNUITY FOR YOU FROM AN INSURANCE COMPANY. THE INSURANCE COMPANY WOULD PAY YOUR MONTHLY BENEFIT.

YOU HAVE THE RIGHT TO REJECT THE STRAIGHT LIFE ANNUITY AND RECEIVE YOUR ANNUITY ACCOUNT IN THE FORM OF A SINGLE LUMP SUM PAYMENT OR MONTHLY INSTALLMENT PAYMENTS. ENCLOSED IS A NOTICE REGARDING THE TAX TREATMENT OF THE VARIOUS FORMS OF PAYMENT.

☐ I REJECT THE STRAIGHT LIFE ANNUITY AND ELECT TO RECEIVE MY ANNUITY BENEFIT IN A LUMP SUM PAYMENT.

PARTICIPANT'S SIGNATURE

DATE

READ CAREFULLY. COMPLETE ONE STATEMENT, SIGN AND DATE. YOUR SIGNATURE MUST BE NOTARIZED.

I, _____, CERTIFY THAT I HAVE NEVER BEEN MARRIED AND FURTHER CERTIFY THAT I HAVE NOT LIVED WITH ANYONE UNDER CIRCUMSTANCES CONSTITUTING A COMMON LAW MARRIAGE IN A STATE THAT RECOGNIZES COMMON LAW MARRIAGE.

PARTICIPANT'S SIGNATURE

DATE

I, _____, CERTIFY THAT I HAVE NOT BEEN MARRIED SINCE _____ AND THAT THE MARRIAGE ENDED BY ☐ **DEATH** (ATTACH COPY OF DEATH CERTIFICATE) ☐ **DIVORCE** (ATTACH COPY OF QUALIFIED DOMESTIC RELATIONS ORDER)

PARTICIPANT'S SIGNATURE

DATE

I, _____, CERTIFY THAT I AM UNABLE TO LOCATE MY SPOUSE (ATTACH PROOF OF ANY ATTEMPT(S) THAT HAVE BEEN MADE TO LOCATE SPOUSE).

PARTICIPANT'S SIGNATURE

DATE

I RECOGNIZE THE FUND MAY MAKE INQUIRIES ABOUT MY MARITAL STATUS WITH VARIOUS ORGANIZATIONS AND INDIVIDUALS, AND I AUTHORIZE SUCH ENTITIES TO RELEASE THE REQUESTED INFORMATION TO THE FUND.

STATE OF _____ }
COUNTY OF _____ }
ON THE _____ DAY OF _____ 20____ BEFORE ME PERSONALLY CAME

_____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FOREGOING ELECTION AND AFFIDAVIT, AND HE OR SHE ACKNOWLEDGED TO ME THAT HE OR SHE EXECUTED SAME.

NOTARY PUBLIC _____

COMMISSION EXPIRES _____

MACHINISTS MONEY PURCHASE PENSION PLAN

Election of Distribution Method for Married Participants

SECTION 3

(MUST BE NOTARIZED)

READ CAREFULLY. CHECK ONE BOX, SIGN AND DATE.

THE NORMAL FORM OF BENEFIT FOR MARRIED PARTICIPANTS IS A QUALIFIED JOINT AND SURVIVOR ANNUITY. THIS PROVIDES A REDUCED MONTHLY BENEFIT PAYABLE FOR THE PARTICIPANT'S LIFE, WITH 50% OF THAT AMOUNT PAYABLE TO THE PARTICIPANT'S SPOUSE IF SHE SURVIVES THE PARTICIPANT. THE AMOUNT OF THE MONTHLY BENEFIT IS DETERMINED BY SEVERAL FACTORS: YOUR ANNUITY ACCOUNT BALANCE AT RETIREMENT, YOUR AND YOUR SPOUSE'S AGE AND LIFE EXPECTANCY AND THE INTEREST RATE USED TO CALCULATE THE STREAM OF MONTHLY PAYMENTS THAT ARE EXPECTED TO BE MADE DURING YOUR AND YOUR SPOUSE'S LIFETIME. UNDER THIS METHOD, THE FUND WOULD PURCHASE A QUALIFIED JOINT AND SURVIVOR ANNUITY FOR YOU FROM AN INSURANCE COMPANY. THE INSURANCE COMPANY WOULD PAY YOUR AND YOUR SPOUSE'S, IF APPLICABLE, MONTHLY BENEFITS.

YOU HAVE THE RIGHT TO REJECT THE QUALIFIED JOINT AND SURVIVOR ANNUITY AND RECEIVE YOUR ANNUITY ACCOUNT IN THE FORM OF A SINGLE LUMP SUM PAYMENT, MONTHLY INSTALLMENT PAYMENTS, A STRAIGHT LIFE ANNUITY, OR A 75% JOINT AND SURVIVOR ANNUITY. YOUR SPOUSE MUST CONSENT TO YOUR REJECTION OF THE QUALIFIED JOINT AND SURVIVOR ANNUITY AND ELECTION OF A SINGLE LUMP SUM PAYMENT, MONTHLY INSTALLMENT PAYMENTS, OR A STRAIGHT LIFE ANNUITY.

☐ I REJECT THE QJSA AND ELECT TO RECEIVE MY ANNUITY BENEFIT IN THE FORM OF A LUMP SUM PAYMENT.

(COMPLETE SECTION 4. ALSO REQUIRES SPOUSAL CONSENT.)

☐ I REJECT THE QJSA AND ELECT TO RECEIVE MY ANNUITY BENEFIT IN MONTHLY INSTALLMENT PAYMENTS OVER _____ MONTHS.

(Complete Section 4 IF APPLICABLE. ALSO REQUIRES SPOUSAL CONSENT.)

☐ I REJECT THE QJSA AND ELECT TO RECEIVE MY ANNUITY BENEFIT IN THE FORM OF A STRAIGHT LIFE ANNUITY.

(REQUIRES SPOUSAL CONSENT.)

☐ I REJECT THE QJSA AND ELECT TO RECEIVE MY ANNUITY BENEFIT IN THE FORM OF A 75% JOINT AND SURVIVOR ANNUITY. (DOES NOT

REQUIRE SPOUSAL CONSENT.)

PARTICIPANT'S SIGNATURE

DATE

I RECOGNIZE THE FUND MAY MAKE INQUIRIES ABOUT MY MARITAL STATUS WITH VARIOUS ORGANIZATIONS AND INDIVIDUALS, AND I AUTHORIZE SUCH ENTITIES TO RELEASE THE REQUESTED INFORMATION TO THE FUND.

STATE OF _____ }
COUNTY OF _____ }

ON THE _____ DAY OF _____ 20____ BEFORE ME PERSONALLY CAME

_____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FOREGOING ELECTION AND AFFIDAVIT, AND HE OR SHE ACKNOWLEDGED TO ME THAT HE OR SHE EXECUTED SAME.

NOTARY PUBLIC _____

COMMISSION EXPIRES _____

**MACHINISTS MONEY PURCHASE PENSION PLAN
ELECTION FORM FOR ELIGIBLE ROLLOVER DISTRIBUTIONS
SECTION 4**

YOU HAVE ELECTED TO RECEIVE YOUR BENEFIT IN THE FORM OF A SINGLE LUMP-SUM PAYMENT OF THE ENTIRE ACCOUNT BALANCE OR IN INSTALLMENT PAYMENTS FOR LESS THAN 10 YEARS (120 MONTHS). SUCH PAYMENTS GENERALLY ARE CONSIDERED TO BE "ELIGIBLE ROLLOVER DISTRIBUTIONS" UNDER FEDERAL LAW. AS IS MORE FULLY EXPLAINED IN THE ACCOMPANYING "SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS" ("THE NOTICE"), ANY "ELIGIBLE ROLLOVER DISTRIBUTION" WILL BE SUBJECT TO A MANDATORY 20% FEDERAL WITHHOLDING TAX UNLESS IT IS TRANSFERRED DIRECTLY FROM THE PLAN TO ANOTHER QUALIFIED PLAN WHICH ACCEPTS ROLLOVER DISTRIBUTIONS OR TO AN INDIVIDUAL RETIREMENT ACCOUNT ("IRA") IN THE MANNER DESCRIBED IN THE NOTICE.

THE PURPOSE OF THIS FORM IS TO NOTIFY THE PLAN HOW YOU WANT YOUR ELIGIBLE ROLLOVER DISTRIBUTION MADE. YOU MAY ELECT TO 1) HAVE YOUR DISTRIBUTION, LESS THE MANDATORY 20% WITHHOLDING, PAID DIRECTLY TO YOU OR 2) HAVE THE PLAN ROLL OVER ALL OR PART OF THE LUMP SUM DISTRIBUTION OR INSTALLMENT PAYMENTS TO AN IRA OR ANOTHER QUALIFIED PLAN THAT ACCEPTS ROLLOVER DISTRIBUTIONS, THEREBY AVOIDING THE MANDATORY 20% WITHHOLDING.

WE URGE YOU TO READ THE ACCOMPANYING NOTICE WHICH CONTAINS IMPORTANT INFORMATION YOU SHOULD KNOW BEFORE YOU DECIDE HOW TO RECEIVE YOUR BENEFIT FROM THE PLAN. WE ALSO SUGGEST THAT YOU CONSULT YOUR PERSONAL INCOME TAX ADVISOR PRIOR TO SELECTING THE FORM OF DISTRIBUTION YOU WANT.

A NON-SPOUSAL BENEFICIARY WHO WISHES TO ROLLOVER ALL OR A PART OF THE DISTRIBUTION MAY ONLY MAKE A DIRECT ROLLOVER TO AN INHERITED IRA IN THE NAME OF THE PARTICIPANT.

PART A –GENERAL INFORMATION

NAME OF PARTICIPANT OR
BENEFICIARY

MAKING ELECTION: _____
FIRST INITIAL LAST

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

IF YOU ARE THE BENEFICIARY OF A DECEASED PARTICIPANT, PLEASE PROVIDE:

NAME OF DECEASED PARTICIPANT: _____
FIRST INITIAL LAST

SOCIAL SECURITY NUMBER OF PARTICIPANT: _____

MACHINISTS MONEY PURCHASE PENSION PLAN
ELECTION FORM FOR ELIGIBLE ROLLOVER DISTRIBUTIONS
SECTION 4 (CONTINUED)

PART B—DIRECT ROLLOVER ELECTION (CHECK AND INITIAL ONE)

_____ COMPLETE DIRECT ROLLOVER: I HEREBY ELECT A DIRECT ROLLOVER OF MY ENTIRE ELIGIBLE ROLLOVER DISTRIBUTION TO THE IRA OR QUALIFIED PLAN DESCRIBED BELOW.

_____ PARTIAL DIRECT ROLLOVER: I HEREBY ELECT A DIRECT ROLLOVER OF PART OF MY ELIGIBLE ROLLOVER DISTRIBUTION TO THE IRA OR QUALIFIED PLAN DESCRIBED BELOW, IN AN AMOUNT EQUAL TO _____% OF MY DISTRIBUTION. I UNDERSTAND THAT THE AMOUNT NOT DIRECTLY ROLLED OVER WILL BE SUBJECT TO THE MANDATORY 20% WITHHOLDING AND OTHER RULES AS DESCRIBED IN THE ACCOMPANYING NOTICE.

_____ NO DIRECT ROLLOVER: I HEREBY ELECT TO HAVE MY BENEFIT DISTRIBUTED DIRECTLY TO ME AND DO NOT ELECT A DIRECT ROLLOVER OF MY ELIGIBLE ROLLOVER DISTRIBUTION. I UNDERSTAND THAT THE ENTIRE AMOUNT OF MY ELIGIBLE ROLLOVER DISTRIBUTION WILL BE SUBJECT TO THE MANDATORY 20% WITHHOLDING (WEATHER OR NOT I LATER ROLL IT OVER TO AN IRA OR ANOTHER QUALIFIED PLAN) AND OTHER RULES DESCRIBED IN THE ACCOMPANYING NOTICE.

PART C—INFORMATION REGARDING IRA OR QUALIFIED PLAN TO WHICH DIRECT ROLLOVER IS TO BE MADE

COMPLETE PART C *ONLY IF* YOU HAVE ELECTED TO HAVE ALL OR PART OF YOUR BENEFIT ROLLED OVER DIRECTLY TO AN IRA OR ANOTHER QUALIFIED PLAN. IF YOU HAVE ELECTED TO HAVE THE ENTIRE DISTRIBUTION PAID DIRECTLY TO YOU **PROCEED TO THE ACKNOWLEDGMENT SECTION.**

TYPE OF PLAN TO WHICH ROLLOVER IS TO BE MADE:

CHECK ONE

_____ IRA **OR** _____ QUALIFIED PLAN (CANNOT BE USED BY SPOUSAL BENEFICIARY)

NAME OF IRA OR QUALIFIED PLAN: _____

NAME OF CUSTODIAN OR TRUSTEE OF IRA OR QUALIFIED PLAN: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): _____

ACCOUNT NUMBER (IF APPLICABLE): _____

MAILING ADDRESS: _____

CONTACT PERSON FOR IRA OR QUALIFIED PLAN: _____

TELEPHONE NO.: _____

I UNDERSTAND THAT PAYMENT WILL BE MADE DIRECTLY TO THE IRA OR QUALIFIED PLAN BY CHECK DELIVERED BY FIRST CLASS MAIL. I CERTIFY THAT THE IRA OR QUALIFIED PLAN NAMED ABOVE WILL ACCEPT ROLLOVER OF MY BENEFIT DISTRIBUTION FROM THE MACHINISTS MONEY PURCHASE PENSION PLAN.

MACHINISTS MONEY PURCHASE PENSION PLAN
ELECTION FORM FOR ELIGIBLE ROLLOVER DISTRIBUTIONS
SECTION 4 (CONTINUED)

ACKNOWLEDGMENT SECTION

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS AND THAT MY NAME, ADDRESS, SOCIAL SECURITY NUMBER AND OTHER INFORMATION THAT I HAVE PROVIDED ON THIS ELECTION FORM FOR ELIGIBLE ROLLOVER DISTRIBUTIONS IS COMPLETE AND ACCURATE. I UNDERSTAND THAT THE FORM AND AMOUNT OF MY DISTRIBUTION TO THE DESIGNATED IRA OR QUALIFIED PLAN SHALL RELEASE THE TRUSTEES OF THE MACHINISTS MONEY PURCHASE PLAN (AND ALL OTHER PENSION TRUST FIDUCIARIES, EMPLOYEES AND AGENTS) FROM ANY FURTHER OBLIGATIONS OR RESPONSIBILITIES ON MY BEHALF UNDER THE PLAN WITH RESPECT TO FUTURE EARNINGS ON OR LOSSES OF THE AMOUNT OF THE BENEFIT DISTRIBUTED TO ME AND/OR DIRECTLY ROLLED OVER TO THE DESIGNATED IRA OR QUALIFIED PLAN AND FROM ANY ADVERSE TAX CONSEQUENCES THAT MAY ARISE IN CONNECTION WITH SUCH DISTRIBUTION.

PARTICIPANT/S SIGNATURE
(OR SIGNATURE OF BENEFICIARY
OF DECEASED PARTICIPANT)

DATE: _____

STATE OF }
COUNTY OF }

ON THE _____ DAY OF _____ 20____BEFORE ME PERSONALLY CAME
_____TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE
FOREGOING ELECTION AND AFFIDAVIT, AND HE OR SHE ACKNOWLEDGED TO ME THAT HE OR SHE EXECUTED SAME.

NOTARY PUBLIC _____

COMMISSION EXPIRES _____

MACHINISTS MONEY PURCHASE PENSION PLAN

SPOUSAL WAIVER AND CONSENT

SECTION 5

TO BE COMPLETED BY SPOUSE OF PARTICIPANT WHO REJECTS THE QUALIFIED JOINT AND SURVIVOR ANNUITY METHOD OF PAYMENT AND ELECTS A LUMP SUM DISTRIBUTION, MONTHLY INSTALLMENT PAYMENTS OR A SINGLE LIFE ANNUITY.

PENSIONER INFORMATION

NAME _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY ____/____/____ **DATE OF BIRTH** ____/____/____
MONTH DAY YEAR

SPOUSE'S INFORMATION

NAME _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY ____/____/____ **DATE OF BIRTH** ____/____/____
MONTH DAY YEAR

DATE OF MARRIAGE ____/____/____
MONTH DAY YEAR

I, _____, AM THE LEGAL SPOUSE OF _____. I UNDERSTAND THAT MY SPOUSE IS A PARTICIPANT IN THE MACHINISTS MONEY PURCHASE PLAN (THE "PLAN"). I HAVE READ AND UNDERSTAND THE ATTACHED ELECTION FORM, WHICH MY SPOUSE HAS COMPLETED. I UNDERSTAND THAT MY SPOUSE'S ANNUITY ACCOUNT ("ACCOUNT") IS NOW APPROXIMATELY \$ _____. I UNDERSTAND THAT, UNLESS I WAIVE MY RIGHTS, MY SPOUSE'S ACCOUNT MUST BE USED AT RETIREMENT TO PROVIDE A QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA), WHICH IS A MONTHLY ANNUITY PAYABLE FOR AS LONG AS MY SPOUSE LIVES AND, IF MY SPOUSE DIES BEFORE I DO, I WILL CONTINUE TO RECEIVE A MONTHLY ANNUITY EQUAL TO 50% OF THE AMOUNT MY SPOUSE WAS RECEIVING FOR AS LONG AS I LIVE. I UNDERSTAND THAT MY SPOUSE HAS ELECTED TO REJECT THE QJSA AND ELECTED TO RECEIVE HIS ANNUITY ACCOUNT IN A SINGLE LUMP SUM, MONTHLY INSTALLMENT PAYMENTS OR A SINGLE LIFE ANNUITY. I CONSENT TO SUCH ELECTION. I UNDERSTAND THAT, AS A RESULT OF MY SPOUSE'S ELECTION AND MY CONSENT TO SUCH ELECTION, I WILL NOT BE ENTITLED TO ANY BENEFITS FROM THE PLAN IN THE EVENT MY SPOUSE DIES BEFORE ME UNLESS MY SPOUSE ELECTED INSTALLMENT PAYMENTS AND THERE REMAIN PAYMENTS DUE.

- ☐ SINGLE LUMP SUM
☐ MONTHLY INSTALLMENTS
☐ SINGLE LIFE ANNUITY

I HEREBY WAIVE MY RIGHT TO HAVE MY SPOUSE'S ACCOUNT USED TO PROVIDE A QUALIFIED JOINT AND SURVIVOR ANNUITY. I REALIZE THAT BY WAIVING MY LEGAL RIGHTS IN THIS WAY, I WILL NOT BE ENTITLED TO ANY MONTHLY ANNUITY OR ANY OTHER PAYMENT FROM THE PLAN UNLESS MY SPOUSE ELECTED INSTALLMENT PAYMENTS AND THERE REMAIN PAYMENTS DUE.

SPOUSE'S SIGNATURE

DATE

STATE OF _____ }
COUNTY OF _____ }

ON THE _____ DAY OF _____, 20____ BEFORE ME PERSONALLY CAME _____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FOREGOING ELECTION AND AFFIDAVIT, AND HE OR SHE ACKNOWLEDGED TO ME THAT HE OR SHE EXECUTED THE SAME.

NOTARY PUBLIC _____

COMMISSION EXPIRES _____