

# 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) 288-4556

# 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**

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# CALIFORNIA NOTARY ACKNOWLEDGEMENT

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, \_\_\_\_\_ (insert name and title of the officer), personally appeared \_\_\_\_\_, 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 \_\_\_\_\_ (Seal)