New England Teamsters & Trucking Industry Pension Fund

1 Wall Street, 4th Floor • Burlington MA 01803-4768 • Phone (800)447-7709 • Fax (781) 345-4402

	MENT ELECTION FORM Schedule of Benefits
Applicant's Name:	S.S. #
Spouse's Name:	S.S. #
SECTION I – REJECTION STATEMENT FOR MA	RRIED PARTICIPANTS
I understand that my spouse and I must complete this the Husband and Wife form of payment on my applic	s SECTION I before a Notary Public because I have rejected cation for benefits or in SECTION II of this form.
receive my pension benefit in the form of a Husband and Wife form of payment means that no benefits will be pai	- I hereby swear that I am legally married and do not wish to Wife Annuity. I understand that the rejection of the Husband and d after my death, unless benefits are payable pursuant to my ear that the person signing the Spouse Consent Statement in
Applicant's Signature:	Date:
State of	
SS:	
On the day of, 20, 20, to me known and known to me as the person described in acknowledged to me that (s)he executed the same.	_ before me came
Notar	y Public
above and hereby consent to my spouse's rejection of the pension from the Pension Plan after my spouse's death u	reby swear that I am the legal spouse of the applicant described e Husband and Wife Pension. I understand that I will not be paid a nless I am designated as the Beneficiary under the 120 Certain s rejection, the pension paid to my spouse while (s)he is living will wor protection.
Spouse's Signature:	Date:
State of SS: County of SS:	
On the day of, 20 to me known and known to me as the person described in acknowledged that (s)he read the above Spouse Consent	before me came n and who executed the foregoing statement and (s)he duly Statement and executed the same on his/her free act and deed.
Notar	y Public

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I understand that the elections made on this Election form will supersede and replace all prior elections made by me on any and all Application(s) or Election Form(s) previously completed by me and on file at the Pension Fund Office.

SECTION II – ELECTION STATEMENT FOR MARRIED PARTICIPANTS

I understand that if the Single Life Annuity is elected, my spouse and I must complete SECTION I of this form before a Notary Public. If the Single Life Annuity is elected, my pension will be paid for my lifetime only.

I/We elect to receive my pension in the following form of payment (Check YES or NO for each option):

A. Single Life Annuity		YES	NO
B. Husband and Wife Annuity	YES	NO	
C. Pop-up option in conjunction with the Husband and Wife Annu	YES	NO	
D. Form of Husband & Wife Annuity (if applicable)	50%	75%	100%
Applicant's Signature:		Date:	
Spouse's Signature:		Date:	

PART III – PAYMENT ELECTION FOR UNMARRIED PARTICIPANTS

I hereby swear that I am not legally married at this time and will submit proof upon request. I understand that my pension will be paid in the form of a Single Life Annuity and that no benefits will be paid after my death, unless remaining benefits are payable pursuant to my election of the 120 Certain Payments Option.

Applicant's Signature:	 Date:	

PART IV - ELECTION OF OPTIONS FOR ACTIVE PARTICIPANTS

I elect the following option(s): (check YES or NO for each option):

A.	CHRISTMAS BENEFIT OPTION (7% reduction)	YES	NO
B.	120 CERTAIN PAYMENTS OPTION (10% reduction)	YES	NO

I understand that a separate Authorization Form must be completed for each option. The 120 Certain Payments Option is not available with a Statutory Pension and may not be elected in conjunction with the Husband and Wife Annuity.

Applicant's Signature	:

Date: