

MEBA PENSION TRUST – MONEY PURCHASE BENEFIT  
PRE-RETIREMENT SURVIVOR OPTION ELECTION/REJECTION FORM  
ACTIVE AND DEFERRED VESTED PARTICIPANTS

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NOTE: IF YOU ELECT TO WAIVE THE QUALIFIED JOINT AND SURVIVOR ANNUITY, OR IF YOU DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE AS YOUR BENEFICIARY, YOUR SPOUSE MUST COMPLETE THE APPROPRIATE CONSENT SECTION(S) BELOW AND HER/HIS SIGNATURE MUST BE NOTARIZED.  
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**SECTION 1:** (This Section must be completed by all Participants)

Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

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**SECTION 2: PARTICIPANT'S ELECTION**

(A) FORM OF BENEFIT

I elect to waive the Qualified Preretirement Survivor Annuity for my Money Purchase Benefit. I understand that with this election, my spouse will not be entitled to my Money Purchase Benefit in the event of my death prior to retirement. (REQUIRES SPOUSAL CONSENT – SEE SECTION 3) (Note: If you intend to designate a non-spouse Beneficiary complete both parts of this Section).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

(B) BENEFICIARY DESIGNATION

I hereby designate the following person as my beneficiary for my Money Purchase Benefit Account in the event of my death prior to receipt of my Money Purchase Benefit Account. (NOTE: If you are married and designate a non-spouse beneficiary you must complete this Section and obtain spousal consent where indicated. Attach a separate sheet to this form if you wish to designate more than one Beneficiary for your Money Purchase Benefit).

Beneficiary \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

