

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

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.

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 _____

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/entity 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/EIN _____

Address _____

Date of Birth _____ Relationship _____

DATE

PARTICIPANT'S SIGNATURE

SECTION 3: SPOUSAL CONSENT

(A) FORM OF BENEFIT

I, the spouse of the above named participant under the MEBA Pension Trust, understand that if my spouse dies before distribution of his/her Money Purchase Benefit and I survive my spouse, I will be entitled to receive such benefits in the form of a Survivor Annuity. I understand that my spouse has elected to waive this form of benefit, and I hereby consent to such election. As a result, I acknowledge that upon the death of my spouse, I will not be eligible to receive a Money Purchase Benefit.

(B) BENEFICIARY DESIGNATION

I hereby consent to _____ as the beneficiary to receive a Money Purchase Benefit.

I also consent to permit my spouse to designate a different beneficiary without my further consent.

I hereby acknowledge that, upon the death of my spouse, I will not be entitled to any Money Purchase Benefit.

If I have checked the bottom choice, I also acknowledge that I have expressly permitted my spouse to change the beneficiary without any additional consent from me.

DATE

SPOUSE'S SIGNATURE

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 document, and he or she acknowledged to me that he or she executed the same.

NOTARY PUBLIC OF COMMISSION EXPIRES