

# Plumbers & Pipefitters of the Carolinas Defined Contribution Plan

## Participant Distribution Consent of Spouse Form

This form may be used to obtain your spouse's consent to a distribution other than a joint and survivor annuity.

PARTICIPANT INFORMATION	Social Security Number _____ First Name _____ Last Name _____
AUTHORIZATION	<p>Participant Consent to Distribution I certify that I have read and understand the information about Qualified Joint and Survivor Annuities on the Distribution Notice. I understand that benefits will be paid to me in the form of a Qualified Joint and Survivor Annuity unless I waive that form of payment. I understand that if I am married, my spouse must also consent to the waiver. I hereby elect to waive the Qualified Joint and Survivor Annuity type of payment.</p> <p>Participant's Signature _____ Date _____</p> <p>If you are not married, certify here: <input type="checkbox"/> I certify that I am not married.</p> <p>Spousal Consent to Distribution I am the spouse of the participant named above. I hereby consent to my spouse's election not to have benefits under his or her Plan paid in the form of a Qualified Joint and Survivor Annuity. I understand that by consenting to my spouse's waiver, I may be forfeiting benefits I would be entitled to receive when my spouse dies. (I also understand that my consent cannot be revoked unless my spouse revokes his or her waiver.) I acknowledge that I have received written notice, which I have read and understand, of my right to require my spouse's benefits to be paid in the form of a joint and survivor annuity.</p> <p>Participant's Spouse Signature _____ Date _____</p>
WITNESS	<p>Witness of Signature The signature of the spouse must be witnessed by a notary public or signature guarantee as required. The signature of a witness is not required for an unmaired participant.</p> <p>Notary Public / Signature Guarantee _____ Date _____</p> <p>Enclosed: Notice of Relative Value</p>