

## HUSBAND AND WIFE REJECTION FORM

YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) MUST COMPLETE THIS FORM IF YOU SELECTED THE **REGULAR PENSION OPTION, THE 10-YEAR CERTAIN OPTION, OR THE SOCIAL SECURITY OPTION**. YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) MUST SIGN AND SEND THIS FORM TO THE FUND OFFICE WITHIN 90 DAYS OF YOUR PENSION EFFECTIVE DATE. THE FORM MUST BE NOTARIZED. IF YOU ARE MARRIED AND SIGN THIS FORM MORE THAN 90 DAYS PRIOR TO YOUR PENSION EFFECTIVE DATE, THE FUND WILL REQUIRE YOU TO SIGN A NEW REJECTION FORM WITHIN 90 DAYS OF YOUR PENSION EFFECTIVE DATE.

### Participant's Statement

I, \_\_\_\_\_ do not wish to receive my pension benefits in the form of a Husband and Wife Pension. I understand that rejecting this form of pension means that my spouse will not receive a pension, and that the only amounts that could be paid to my spouse by the Pension Plan after my death would be limited payments under the 36-month guarantee (if I have chosen the Regular Pension), or the 10-Year-Certain Option (if I have chosen that option).

(Check one)

\_\_\_\_\_ I hereby swear that I have never been married.

\_\_\_\_\_ I hereby swear that I am not legally married at this time.

\_\_\_\_\_ I hereby swear that I am unable to locate my spouse. (Additional proof required if you check this box.)

\_\_\_\_\_ I hereby swear that the person co-signing this document below is my current and legal spouse.

\_\_\_\_\_  
(Date) (Participant's Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me came \_\_\_\_\_

known to me to be the person named in the foregoing statement and (s)he executed the same.

\_\_\_\_\_  
Notary Public  
Seal

### Spouse's Statement

I, \_\_\_\_\_, swear that I am the legal spouse of the employee described above. I hereby consent to my spouse's rejection of the Husband and Wife pension and to the specific pension payment option elected and specific beneficiary elected. I understand that as a result, I will not be paid a pension from the Pension Fund after my spouse's death (and that the most I could become entitled to would be limited payments under the 36-month guarantee (if my spouse has chosen the Regular Pension) or the 10-Year Certain Option (if my spouse has chosen that option). **(THE FOLLOWING SENTENCE IS OPTIONAL: IF YOU DO NOT WISH TO AGREE TO IT, YOU SHOULD CROSS IT OUT BEFORE SIGNING BELOW.)**

I understand that I have the right to limit my consent to the specific beneficiary and optional form of benefit designated, and I voluntarily choose to waive that right and to permit my spouse to change that beneficiary and/or form of benefit in the future without my consent.

\_\_\_\_\_  
(Date) (Spouse's Signature)

\_\_\_\_\_  
(Spouse's Social Security Number)

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me came \_\_\_\_\_

known to me to be the person named in the foregoing statement and (s)he executed the same.

\_\_\_\_\_  
Notary Public  
Seal

### MAIL TO:

B&C International Pension Fund  
10401 Connecticut Avenue, Suite 310  
Kensington, MD 20895-3960

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