

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS PENSION TRUST**  
**200 East Randolph Street• Suite 1500• Chicago, Illinois 60601**  
**BENEFIT ELECTION**

Employee Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Birth Date \_\_\_\_\_

**SINGLE LIFE PENSION** \$ \_\_\_\_\_ \*per month. **All amounts subject to change upon final termination of covered employment.**  
I want to receive my full pension during my lifetime only. I understand that all payments cease upon my death.

**JOINT AND SURVIVOR PENSION**  
I want my spouse to receive a monthly survivor pension for life **after my death**, in an amount equal to (enter either 100%, 75%, or 50%) \_\_\_\_\_ % of my monthly pension. I understand that my pension will thereby be reduced.

50% J&S:	\$ _____	* per month	\$ _____	* per month to spouse
75% J&S:	\$ _____	* per month	\$ _____	* per month to spouse
100% J&S:	\$ _____	* per month	\$ _____	* per month to spouse

**60, 120, OR 180 MONTH CERTAIN AND LIFE PENSION**  
If I die within the first (enter either 60, 120 or 180) \_\_\_\_\_ months after the date my pension begins, I want my primary beneficiary (or my contingent beneficiary if my primary beneficiary is no longer living) to receive my monthly pension for the remainder of such period and I understand that my pension will thereby be reduced.

60 Month Certain & Life \$ \_\_\_\_\_ 120 Month Certain & Life \$ \_\_\_\_\_ 180 Month Certain & Life \$ \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Address \_\_\_\_\_

Should my beneficiaries and I all die before all the guaranteed payments are made, the value of any remaining payments shall be paid to the estate of whomever is the last to die. If I am surviving after the guaranteed number of payments have been made my pension will continue for the remainder of my life and no payments will be made after my death.

**EMPLOYEE SIGNATURE**

I have read and understand the instructions and conditions of this benefit election, I realize I may change my election at any time before I retire but evidence of good health may be required.

Date \_\_\_\_\_ Participant Signature \_\_\_\_\_

Date \_\_\_\_\_ Plan Representative Signature or Notary Public \_\_\_\_\_  
(SEAL OF NOTARY)

**SPOUSAL CONSENT**

I understand that unless my spouse elects the JOINT AND SURVIVOR PENSION, my consent to this option and any beneficiary designation is required. I also understand that I have the right to be designated as the only primary beneficiary to receive 100% of the death benefits which may be provided under the Plan upon the death of my spouse, and that is why my consent to a different designation is required. With this knowledge, I hereby consent to this benefit election.

Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_ Plan Representative Signature or Notary Public \_\_\_\_\_  
(SEAL OF NOTARY)

**CERTIFICATION OF SINGLE STATUS**

I hereby certify that as of the date below [ ] I am not married under the laws of any jurisdiction [ ] I do not know the whereabouts of my spouse, therefore, I am unable to obtain the consent of my spouse to the waiver of the Joint and Survivor pension.

Date \_\_\_\_\_ Participant Signature \_\_\_\_\_

Date \_\_\_\_\_ Plan Representative Signature or Notary Public \_\_\_\_\_  
(SEAL OF NOTARY)

Received by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_, Fund Manager Date \_\_\_\_\_

# SEIU LOCAL 1 & PARTICIPATING EMPLOYERS PENSION TRUST

## INSTRUCTIONS

The following instructions will help you decide how your retirement benefits are to be paid after you retire. The choice you must make is whether you want to receive all retirement benefit payments yourself (and in the full amount) or whether you want to take smaller retirement benefit payments for yourself and thereby ensure that benefit payments will be continued to your spouse or to a beneficiary designated by you in the event of your early death. This latter financial protection can be provided for your spouse or beneficiary through your election of either the JOINT AND SURVIVOR PENSION, or the 60, 120 or 180 MONTH PERIOD CERTAIN AND LIFE BENEFIT.

If you wish to receive all the retirement benefit payments in full amount during your life, with no benefit payments provided for your spouse or beneficiary after your death, then put a cross (X) in the box beside SINGLE-LIFE PENSION. If you are married and you elect not to provide the JOINT AND SURVIVOR PENSION for your spouse, your spouse must consent to your election by signing the portion of this form entitled SPOUSE CONSENT in the presence of a notary public.

IF YOU WISH TO PROVIDE SURVIVOR BENEFITS for the lifetime of your spouse beginning after your death, then put a cross (X) in the box beside JOINT AND SURVIVOR PENSION. Also provide your spouse's name, social security number, birth date and fill in the percentage of your reduced pension your spouse is to receive. If you wish to provide benefits for a guaranteed period of 60, 120 or 180 months, place a cross (X) in the box beside CERTAIN AND LIFE BENEFIT and supply the name of your designated beneficiary (or beneficiaries).

ONLY ONE CHOICE CAN BE MADE. The choices are all of the same value. If you elect an option, then the amount of retirement benefit you will receive will be smaller than your full retirement pension. This is because the cost for providing payments to your spouse or beneficiary after you die must be charged against you, and this is done by reducing your benefit. The amount of reduction depends on the amount of your full retirement pension, your age and your spouse's age when your pension starts. The Fund Manager will compute your estimated pension under each option if you wish.

IF YOU ELECT AN OPTION it will become operative when you become eligible for a pension, if your spouse or designated beneficiary is then living. If either you or your spouse (or your designated beneficiary) dies before you become eligible for a pension, your optional benefit election is automatically void. If you remain in service after becoming eligible for normal retirement and your beneficiary was living on such date, your election is operative so that (a) in the event you die before actual retirement, your beneficiary will be entitled to benefits under the option elected, or (b) in the event your beneficiary dies before your actual retirement, you will become entitled to the reduced benefits under the option elected when you do retire, just as though your beneficiary were living on the date of your retirement.

EVIDENCE OF GOOD HEALTH IS REQUIRED, and approval of the Trustees necessary when you apply for a 100% Joint and Survivor Pension or a Period Certain and Life Pension within one year of the date benefits are to begin. Evidence of good health is not required and approval by the Trustees is automatic when you elect the full Retirement Pension or the 50% or 75% Joint and Survivor Pension, or you submit your application (or change your election) at least one year before benefits are to start.

YOUR CHOICE IS SUBJECT TO THE PLAN PROVISIONS. The instructions and provisions above merely summarize the major features of the Plan. All retirement benefits are subject to the provisions set forth in the SEIU Local 1 & Participating Employers Pension Plan as supplemented by such rules and interpretations adopted by the Trustees in their administrative capacity. If there is any variance between the instructions above and the Plan document, the provisions of the latter shall govern.

RELATIVE VALUE INFORMATION. This form shows a description of the forms of benefit available to you. These forms of benefit are all actuarially equivalent and so have the same relative value on an actuarial basis. Actuarial equivalence is determined using the interest rate and mortality assumptions provided in the plan for calculating optional form amounts. Actuarial equivalence is determined based on average life expectancies. The relative value of actual annuity payments that are made to you can vary, depending on the actual length of your life and the life of your spouse (or other beneficiary).