

Southwestern Illinois Laborers' Annuity Fund

Waiver of Qualified Preretirement Survivor Annuity

Instructions: This form must be completed if the participant has elected not to receive the Qualified Preretirement Survivor Annuity	
Participant's Name (First, Middle, Last)	Social Security Numbers

Under Federal law, the surviving spouse of a participant who dies prior to retirement is entitled to a death benefit in the form of a Qualified Preretirement Survivor Annuity. This benefit provides payments to the participant's spouse for his or her lifetime equal to a percentage (as specified in the Southwestern Illinois Laborers' Annuity Fund) not less than one-half of the annuity that would have been payable during their joint lives.

The participant may waive the Qualified Preretirement Survivor Annuity. If the participant's spouse consents to this waiver, the spouse's benefit may be eliminated.

I, the participant, acknowledge that I have read the above explanation of the Qualified Preretirement Survivor Annuity and understand the effects of executing this waiver. In doing so, I attest to the fact that:

- My spouse's consent appears below
- I am not married
- Consent of my spouse's legal guardian appears below
- my spouse cannot be located
- I am legally separated or abandoned (Court order to that effect is required)

Participant Signature	Date
Witnessed (state and County)	Subscribed and sworn to me this ____ day of _____, year ____
Notary Public or Plan Administrator's Signature	My Commission Expires

SPOUSAL CONSENT

I, _____, am the spouse of _____ (name of participant). I acknowledge that I have read the above Waiver of Qualified Preretirement Survivor Annuity. I understand that I have a right to the Qualified Preretirement Survivor Annuity benefit from the Southwestern Illinois Laborers' Annuity Fund if my spouse dies before he/she begins receiving retirement benefits (of, if earlier, before the beginning of the period for which retirement benefits are paid). I further acknowledge and understand that my spouse cannot waive the Qualified Preretirement Survivor Annuity without my consent. If I consent to the waiver and beneficiary designation as elected, my spouse cannot change this election without my further consent.

I agree to give up my right to Qualified Preretirement Survivor Annuity benefits.

I understand that by signing this form, I may have received nothing from the plan after my spouse dies.

I understand that I do not have to sign this form. I am signing this form voluntarily.

I consent to my spouse's election to waive the Qualified Preretirement Survivor Annuity.

Spouse's Signature		Social Security Number	Date
Witnessed (state and County)		Subscribed and sworn to me this ____ day of _____, year ____	
Notary Public or Plan Administrator's Signature			My Commission Expires