

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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EARLY CA SURVIVOR BENEFIT ELECTION/REJECTION FORM

PLEASE CHECK ONE:

As the Contingent Annuitant, I elect to receive my pension survivor benefits beginning _____, the first of the month following the Participant's date of death. I understand that the amount payable to me will be actuarially reduced from the amount payable at the Participant's earliest retirement date under the Pension Plan.

I reject the early Contingent Annuitant survivor benefits and wish to keep the effective date as _____, the Participant's earliest retirement date under the Pension Plan.

Signature of Contingent Annuitant

Date Signed

CA's Social Security Number

Witnessed By