

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



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Rejection of Joint and Survivor Benefit upon retirement *Must be filled out in front of a Notary Public*

You have a right to take 30 days to consider the form of benefit.

Retiree's name _____ SSN _____

Spouse's name _____ SSN _____

Spouse's date of birth _____

I DO NOT WISH TO RECEIVE MY PENSION BENEFITS IN THE FORM OF A JOINT AND SURVIVOR BENEFIT. I understand that rejecting the Joint and Survivor Benefit means no benefits will be paid to my spouse from the Pension Plan after my death, unless benefits are payable under another provision of the Plan.

CHECK ONE BOX:

I hereby swear that the person co-signing this form below is my current legal spouse.

I hereby swear that I am unable to locate my spouse (SUBMIT ADDITIONAL PROOF).

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

Retiree's Signature _____ Date _____

I SWEAR THAT I AM THE LEGAL SPOUSE OF THE ABOVE PARTICIPANT. I hereby consent to my spouse's rejection of the Joint and Survivor Benefit. I understand that as a result, I will not be paid any benefits from the Pension Plan after my spouse's death, unless benefits are payable under another provision of the Plan. I further understand that because of this rejection, the monthly pension paid to my spouse while he or she is living will be higher than it would be if I had the survivor protection.

Spouse's signature _____ Date _____

This section must be completed by the Notary Public who witnesses the above signature.

State of _____ County of _____

Acknowledged before me this _____ day of _____ 20_____

Notary Public _____

My commission expires _____ My registration number: _____

Required for the state of Virginia

**THIS FORM MUST BE SIGNED AND NOTARIZED DURING THE 90-DAY PERIOD
IMMEDIATELY PRIOR TO THE DATE YOUR PENSION PAYMENTS BEGIN.**