

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



www.tjc83funds.org

8814 Fargo Road · Suite 200 · Richmond, VA 23229

Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

Email: documents@tjc83funds.net

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