

GRAPHIC ARTS INDUSTRY JOINT PENSION TRUST

3040 Williams Dr Ste 640
Fairfax, VA 22031

APPLICANT'S STATEMENT

I, _____ do not wish to receive my pension benefits in the form of a 50% Spouse Joint and Survivor Annuity. I understand that rejecting this form of pension means that no lifetime benefits will be paid to my spouse, if any, after my death.

Check the box below which applies to you:

- I hereby swear that I have never been married.
- I hereby swear that I am unable to locate my spouse. I have lived apart from my spouse since _____. I have no way of obtaining the current address of my spouse.
- I hereby swear that I was previously married and that am not now legally married. I have attached a copy of the property settlement of my divorce decree(s), which dissolved my previous marriage(s) or death certificate if widowed.
- I hereby swear that I am married but that I have been legally abandoned by my spouse. I have attached a copy of the abandonment order.

I swear that the Statement above is true and accurate, that I make this Statement for the purpose of establishing that I may waive the 50% Spouse Joint and Survivor Annuity without the consent of my spouse, if any, and for the purpose of inducing the Graphic Arts Industry Joint Pension Trust to pay my pension in a form of a Single Life Annuity (or Five-Year Certain Annuity, if applicable) which will not provide a lifetime benefit upon my death.

In consideration of the agreement with the Graphic Arts Industry Joint Pension Trust to permit me to waive the 50% Spouse Joint and Survivor Annuity, I do hereby agree to indemnify and hold the Graphic Arts Industry Joint Pension Trust and the Board of Trustees harmless from any liability for payment of benefits upon a claim of any person who is or may be found to be my spouse.

Participant's Name

Date

Social Security Number

Signed and sworn to before me on the _____ day of _____, 20____
by the above named applicant.

Notary Public

My Commission expires: _____

Notary Public, State of _____