

New Orleans Employers - International Longshoremen's Association, AFL-CIO Pension Plan ("Plan")

**WAIVER OF PRERETIREMENT SURVIVOR ANNUITY
AND
DESIGNATION OF BENEFICIARY FOR 10 YEAR CERTAIN
PRERETIREMENT DEATH BENEFIT FOR MARRIED PARTICIPANTS**

I, the undersigned Participant in the Plan, am married. I have received the "Notice of Preretirement Survivor Annuity and Preretirement Death Benefit" ("Notice"). The Notice explains the terms of the *preretirement survivor annuity* and *10 Year Certain* preretirement death benefit, my right to waive the *preretirement survivor annuity* and designate a non-spouse *beneficiary* for the *10 Year Certain*, the requirements for making a valid waiver and *beneficiary* designation, and the financial effect of the *preretirement survivor annuity* payable to a surviving *qualified spouse*. I understand that my spouse must consent to my waiver of the *preretirement survivor annuity* and to any designation of a non-spouse *beneficiary* for the *10 Year Certain*, by signing the "Consent of Participant's Spouse" form with the required formality.

Waiver of Preretirement Survivor Annuity: I hereby waive the *preretirement survivor annuity* and elect that any preretirement death benefit that becomes payable at my death be paid in the form of a *10 Year Certain*. I name the following person or persons as my *beneficiary* for the *10 Year Certain* preretirement death benefit. I understand that if I name someone other than my spouse as *beneficiary* and my spouse does not give the required consent, my *beneficiary* by default will be my *qualified spouse*, if surviving. If I do not designate a *beneficiary* and there is no surviving *qualified spouse* at my death, or if there is no surviving designated *beneficiary* at my death, I understand that my *beneficiary* will be determined in accordance with the Plan's *beneficiary* provisions.

Beneficiary Designation for 10 Year Certain: I hereby designate the following person or persons as my *beneficiary* for the purpose of receiving any *10 Year Certain* preretirement death benefit that becomes payable at my death. If more than one person is named, they will share equally unless I state otherwise.

1. _____
Print Name of Beneficiary, Current Relationship & Interest If Other Than Equal

Street Address

City, State, Zip Code

Phone Number

2. _____
Print Name of Beneficiary, Current Relationship & Interest If Other Than Equal

Street Address

City, State, Zip Code

Phone Number

3. _____
Print Name of Beneficiary, Current Relationship & Interest If Other Than Equal

Street Address

City, State, Zip Code

Phone Number

Signed this ____ day of _____, 20__.

Participant's Signature Confirming Waiver & Beneficiary Designation

Print Name

Date of Birth

CONSENT OF PARTICIPANT'S SPOUSE

I am the spouse of the Participant who signed the above waiver and beneficiary designation. I consent to the Participant's waiver of the *preretirement survivor annuity* and to the designation (if any) of the above named person or persons as the Participant's beneficiary for purposes of receiving the *10 Year Certain* preretirement death benefit if the Participant dies before payment of the pension benefit begins.

I certify that I understand all of the following:

- (a) The terms of the *preretirement survivor annuity* explained in the Notice furnished by the Plan, my right not to consent to the Participant's waiver or non-spouse *beneficiary* designation, the time period during which the Participant and I may make this waiver and consent, and the financial effect of receiving the *preretirement survivor annuity*;
- (b) The effect of my consent may be to forfeit death benefits that I would otherwise be entitled to receive upon the Participant's preretirement death;

- (c) The Participant cannot designate a different non-spouse *beneficiary* unless I again give my written consent to the person named;
- (d) I do not have to sign this consent and am doing so voluntarily;
- (e) If I do not sign this consent and am a *qualified spouse* of the Participant at the Participant's preretirement death, I will receive the preretirement death benefit payable under the Plan; and
- (f) My consent is irrevocable and cannot be changed unless the Participant revokes his/her waiver and *beneficiary* designation to which I consent.

Signature of Participant's Spouse

Print Name of Participant's Spouse

The above signature of the Participant's Spouse is witnessed this ____ day of _____, 20____, by the undersigned Plan Representative.

 Signature of Plan Representative

 Print Name of Plan Representative

OR

STATE OF LOUISIANA
PARISH OF _____

BEFORE ME, the undersigned Notary Public, personally came and appeared _____, who executed the above "Consent of Participant's Spouse" to the Participant's waiver of the *preretirement survivor annuity* and *beneficiary* designation as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this ____ day of _____, 20____.

 Notary Public
 My commission expires: _____

Return Completed Forms to:
 Administrative Manager
 New Orleans Employers – ILA, AFL-CIO Pension Plan
 721 Richard Street, Suite B
 New Orleans, LA 70130-4505
 (504) 525-0309