

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



Administered by West End Administrators, Inc.
8814 Fargo Road · Suite 200 · Richmond, VA 23229
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

Election of Contingent Annuitant Benefit upon retirement (eff. 1-1-09)

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

Retiree's name _____ SSN _____

Contingent Annuitant's name _____ SSN _____

Contingent Annuitant's date of birth _____

I elect to have my Contingent Annuitant receive 50% or 66.7% or 75% or 100% of my pension benefits in the event of my death. (Check one %)

I hereby swear that I am not married and will not be married as of my retirement effective date of .

I UNDERSTAND THE FOLLOWING CONDITIONS:

- 1) If I elect the Contingent Annuitant Benefit, my pension benefits will be adjusted accordingly, to a lesser amount, on the basis of actuarial equivalence in order to provide the lifetime benefit to my Contingent Annuitant after my death.
- 2) My Contingent Annuitant must be at least 18 years of age upon my retirement effective date.
- 3) I understand that the Adjusted Age Differential between the Contingent Annuitant and myself cannot be
 - (a) more than 25 years if I elect the 66.7% Contingent Annuitant Benefit, or
 - (b) more than 10 years younger than me if I elect the 100% Contingent Annuitant Benefit.
- 4) If my Contingent Annuitant dies before my pension benefits commence, this election is cancelled and no adjustment will be made in my pension benefits for the Contingent Annuitant Benefit.
- 5) If my Contingent Annuitant dies after my pension benefits commence, I will continue to receive the reduced benefit amount until I submit a certified copy of the Contingent Annuitant's death certificate to the Fund Office.
- 6) If I elect the Contingent Annuitant Benefit, the 5-year and Lump Sum Death Benefit provisions of the Plan described in Article IV, Sections 4.9 and 4.10 do not apply.

Signature _____ Date _____