

Phoenix Painting Industry Trust Funds

HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

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JOINT AND SURVIVOR PENSION REJECTION FORM EMPLOYEE'S STATEMENT

I _____ DO NOT WISH TO RECEIVE MY PENSION BENEFITS IN THE FORM OF A JOINT AND SURVIVOR PENSION. I UNDERSTAND THAT REJECTING THIS FORM OF PENSION MEANS THAT NO BENEFITS WILL BE PAID TO MY BENEFICIARY BY THE PENSION PLAN AFTER MY DEATH UNLESS BENEFITS ARE PAYABLE UNDER OTHER SECTIONS OF THE PLAN.

(CHECK ONE)

- I HEREBY SWEAR THAT I AM NOT LEGALLY MARRIED AT THIS TIME.
- I HEREBY SWEAR THAT I AM UNABLE TO LOCATE MY SPOUSE.*

DATE

EMPLOYEE'S SIGNATURE

EMPLOYEE'S SOCIAL SECURITY NUMBER

STATE OF _____)

COUNTY OF _____)

ON THE _____ DAY OF _____, 20____ BEFORE ME CAME _____
TO ME KNOWN AND KNOWN TO ME TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE FOREGOING
STATEMENT AND (S) HE DULY ACKNOWLEDGED TO ME THAT (S) HE EXECUTED THE SAME.

NOTARY PUBLIC

*ADDITIONAL PROOF IS NEEDED IF YOU CHECKED THIS BOX.
