



165 West 46th Street
New York, NY 10036-2582
Phone: (212) 869-9380 or (800)
344-5220
Fax: (212) 869-1824
Website: www.equityleague.org

PRE-RETIREMENT SPOUSAL REJECTION FORM

PLEASE CHECK EITHER A OR B

A I **DO NOT** wish to receive my pension benefits in the form of a Husband and Wife Pension.

IF YOU HAVE CHECKED BOX A, THEN YOU AND YOUR SPOUSE MUST COMPLETE THE STATEMENTS ON THE REVERSE SIDE OF THIS FORM. PLEASE NOTE BOTH STATEMENTS MUST BE NOTARIZED.

B I understand that my pension will be paid as a Husband and Wife Pension. I understand this form of payment replaces the 60-month guarantee.

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____

SIGNATURE _____ DATE _____

Please return this form to the Pension Fund Office as soon as possible.

