



1-800-74-FLASHSM (35274)

Iron Workers District Council of Southern Ohio & Vicinity Annuity Trust SPOUSAL CONSENT FORM

* Married participants must receive spousal consent should they choose a distribution other than the standard joint and survivor annuity.

1. PARTICIPANT INFORMATION

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ M _____ S
MARITAL STATUS

LAST NAME _____ FIRST NAME _____ M. I.

MAILING ADDRESS _____ APT #

CITY _____ STATE _____ ZIP CODE

HOME TELEPHONE NUMBER _____ WORK TELEPHONE NUMBER

2. SPOUSAL CONSENT

I hereby consent to the distribution indicated on the Distribution Form. I understand that I am giving up the right to receive annuity benefit payments that would otherwise be payable to me upon my spouse's death. I understand that I may not revoke this consent unless my spouse changes the choice of the form of distribution to which I have consented here.

Signature of Spouse _____ Date

Notary Public _____ Date

MY COMMISSION EXPIRES: _____
Date

3. FUND ADMINISTRATOR AUTHORIZATION

Fund Office Authorized Signature _____ Date

Please return the completed form to:

**Iron Workers District Council of Southern Ohio & Vicinity Annuity Trust
Main P.O. Box 398
Dayton, OH 45401**