

SAN MATEO COUNTY ELECTRICAL CONSTRUCTION INDUSTRY RETIREMENT TRUST

SOCIAL SECURITY NO.		LAST NAME		FIRST	MIDDLE
DATE OF BIRTH	MONTH	DAY	YEAR	MARRIED <input type="checkbox"/>	TELEPHONE NO. ()
BENEFICIARY	LAST NAME	FIRST	MIDDLE	RELATIONSHIP	
BENEFICIARY ADDRESS					
CONTINGENT BENEFICIARY	LAST NAME	FIRST	MIDDLE	RELATIONSHIP	
CONTINGENT BENEFICIARY ADDRESS					
NAME OF LIVING TRUST					
ADDRESS:					
DATE			SIGNATURE		

**SAN MATEO COUNTY
ELECTRICAL WORKERS JOINT TRUST FUNDS**

SPOUSAL CONSENT FORM

I, _____, swear that I am the legal spouse of _____.
(Spouse's Name) (Participants Name)

I hereby consent to my spouse's designation of _____ to receive any Pre-Retirement death benefits payable in the event of my spouse's death. I understand that as a result of my consent, I will not receive benefits from the San Mateo County Electrical Construction Industry Local #617 Pension Plan if my spouse dies before retiring.

Spouse's Signature

Spouse's Social Security Number

State of California)ss
County of _____)

On _____(date) before me, _____ (name and title "notary public"), personally appeared _____ (name of signer(s)), personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature
or

Seal

Plan Representative