SAN MATEO COUNTY ELECTRICAL CONSTRUCTION INDUSTRY RETIREMENT TRUST

SOCIAL SECURITY NO.		LAST	NAME	FIRST	MIDDLE
DATE OF BIRTH	MONTH	DAY	YEAR	MARRIED	TELEPHONE NO.
					()
BENEFICIARY	LAST NAME	FIRST		MIDDLE	RELATIONSHIP
BENEFICIARY ADDI	RESS				-
CONTINGENT	LAST NAME	FIRS	Γ	MIDDLE	RELATIONSHIP
BENEFICIARY					
CONTINGENT BENE	EFICIARY ADDRESS				
NAME OF LIVING TI	RUST				
ADDRESS:					
DATE		SIGN	ATURE		

SAN MATEO COUNTY ELECTRICAL WORKERS JOINT TRUST FUNDS

SPOUSAL CONSENT FORM

I,, swear that I am the leg	gal spouse of (Participants Name)
Pre-Retirement death benefits payable in the eve	f to receive any ent of my spouse's death. I understand that as a result see San Mateo County Electrical Construction Industry e retiring.
Spouse's Signature	
Spouse's Social Security Number	
State of California)ss County of)	
personally appeared proved to me on the basis of satisfactory ev subscribed to the within instrument and acknow	(name and title "notary public"), (name of signer(s)), personally known to me (or idence) to be the person(s) whose name(s) is/are ledged to me that he/she/they executed the same in by his/her/their signature(s) on the instrument the on(s) acted, executed the instrument.
WITNESS my hand and official seal.	
Notary's Signature or	 Seal
Plan Representative	_