

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION TRUST**

P.O. Box 342038      Seattle, WA 98124      (206) 664-7300      (800) 426-7132

**ELECTION OF BENEFIT**

To:            **XXXXXXXXXXXXXX**  
Spouse:      **XXXXXXXXXXXXXX**

Social Security Number:    **\*\*\*-\*\*-XXXX**  
Social Security Number:    **\*\*\*-\*\*-XXXX**

*Before completing your election below, please review the conditions relating to your election of benefits printed on the reverse side of this form. The benefit chosen on this form cannot be changed after your first benefit payment.*

You may choose to receive one of the following described benefits to be payable effective **XXXXXXXXXXXX** if you have withdrawn from all employment in the Industry prior to that date:

- BENEFIT A:    A monthly income for your lifetime only of **\$XXXXXX**. There will be no benefits payable to your spouse after your death unless you should die before receiving 60 monthly payments.
- BENEFIT B:    A 100% monthly spouse option benefit of **\$XXXXXX** for your lifetime, with a continuing lifetime monthly benefit in the same amount to your spouse after your death.
- BENEFIT C:    A 75% monthly spouse option benefit of **\$XXXXXX** for your lifetime, with a continuing lifetime monthly benefit of **\$XXXXXX** to your spouse after your death.
- BENEFIT D:    A 50% monthly spouse option benefit of **\$XXXXXX** for your lifetime, with a continuing lifetime monthly benefit of **\$XXXXXX** to your spouse after your death.

**BENEFIT ELECTION:** I have read and understand the conditions relating to my choice of form of benefit, and hereby elect to receive: (*Check one*)

**Benefit A**                       **Benefit B**                       **Benefit C**                       **Benefit D**

**Date** \_\_\_\_\_ **Participant Signature** \_\_\_\_\_

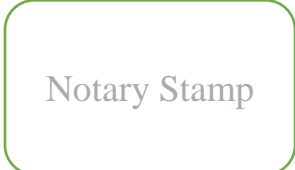
**Note:** Your spouse must also review this form, and sign the section below before the notary public:

**SPOUSE BENEFIT ELECTION ACKNOWLEDGEMENT:**

I understand that my spouse must elect a spouse option unless I give my written consent to another form of benefit, and if my spouse elects a lifetime annuity, I may not receive any benefit payments after my spouse's death. I hereby consent to the form of benefit elected by my spouse above.

**Date** \_\_\_\_\_ **Spouse Signature** \_\_\_\_\_

**ALL SIGNATURES MUST BE PROPERLY NOTARIZED**

<p><b>(*) NOTARIZATION</b>  Subscribed and sworn to before me this _____ day of _____, 20____.  Signature: _____  Notary Public in and for the State of _____,  Residing at _____.  My commission expires _____.</p>	
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**(\*) NOTARY:** You are notarizing the signature of both the participant and the spouse.

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P.O. Box 34203 Seattle, WA 98124

Phone: (206) 664-7300 or 1-800-426-7132 Fax: (206) 664-7194

**NOTICE  
CONDITIONS RELATING TO YOUR CHOICE OF BENEFITS**

YOU MUST READ THE FOLLOWING CONDITIONS RELATING TO YOUR CHOICE OF FORM OF BENEFITS **BEFORE** COMPLETING YOUR ELECTION ON THE OTHER SIDE OF THIS FORM.

To be eligible for any of the benefits listed, you must meet the Plan's eligibility requirements for Early, Normal, Late or Disability Retirement. Benefits are paid on the first day of the month for each month that you are eligible to receive a benefit.

If you return to work at your trade or craft for any employer operating in Washington, and in the same Industry as employers covered under the Plan (whether under the jurisdiction of a union or not), you must notify the Administrative Office within five days.

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**EXPLANATION OF BENEFITS**

**BENEFIT A:** will pay you, the retiree only, a monthly lifetime benefit. Benefits will be payable to your spouse after your death only for the remainder of the guaranteed five-year period.

Section 1002 provides that if you should die before receiving sixty (60) monthly benefits, payments will continue to your surviving spouse until the earliest of (1) the spouse's death, or (2) any combination of sixty (60) monthly payments to the retiree and his or her surviving spouse. *(Please note: This provision of the Plan may not apply to those retirees who are currently receiving a disability retirement. For further explanation please contact the Trust office.)*

**BENEFIT B:** will pay you, the retiree, a reduced monthly lifetime benefit and, after your death, your named spouse will be paid a monthly lifetime benefit in the same amount.

**BENEFIT C:** will pay you, the retiree, a reduced monthly lifetime benefit and, after your death, your named spouse will be paid a monthly lifetime benefit of three-quarters (3/4) of that amount.

**BENEFIT D:** will pay you, the retiree, a reduced monthly lifetime benefit and, after your death, your named spouse will be paid a monthly lifetime benefit of one-half (1/2) of that amount.

The benefits quoted include an automatic "pop-up", allowing your benefit to revert to BENEFIT A if your spouse dies before you do. If that occurs, then your monthly benefit will revert or "pop up" to the amount calculated for BENEFIT A.

If benefit B, C or D is chosen, and your named spouse dies before you do, then your monthly benefit will revert or "pop up" to the amount calculated for BENEFIT A.

The Retirement Equity Act, a federal law, requires the consent of your spouse if you elect a form of retirement benefit which does not provide an income to the spouse after your death (BENEFIT A). Your spouse must sign in the appropriate box if you elect BENEFIT A.

If you and your named spouse should be divorced after your retirement, your named spouse would still receive a monthly benefit in the amount designated just as though you had not been divorced at the time of your death. If you should remarry, the benefit will be paid to your named spouse, not the spouse of your remarriage.

If you elect BENEFIT B, C or D, you must submit evidence of your spouse's age, such as a birth certificate. You must also submit a copy of your marriage certificate.

Retirement eligibility and benefit payments are governed entirely by the provisions of the Retirement Plan, or as the same may hereafter be amended. Any payment made in excess of that you are entitled to must be recovered by the Plan.

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