

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK



1199SEIU Home Care Employees Pension Fund

330 West 42nd Street • New York, NY 10036-6977 • www.1199SEIUBenefits.org • Tel (646) 473-8666
Outside NYC Area Codes: (800) 892-2557 • Westchester & Upstate Counties: (877) 557-1199

PENSION OPTION AND BENEFICIARY FORM FORMER HOME CARE INDUSTRY PENSION FUND SMALL ANNUITY CASH OUT

If you need assistance filling out this form, we encourage you to make an appointment with a Pension Counselor, or call your Pension Benefit Calculator, whose name and phone number are listed on the letter you received with this form.

This form is for the purpose of receiving a one time lump sum payment only.

- Remember to sign and date this form in each section.
- Keep in mind, this form must be returned to the Pension Department no less than 30 days and no more than 180 days before your desired pension start date.

PLEASE MAIL YOUR COMPLETED PENSION OPTION AND BENEFICIARY FORM TO:

**1199SEIU Home Care Employees Pension Fund
Times Square Station
PO Box 838
New York, NY 10108-0838**

SECTION 1 – PLEASE PRINT NAME IN INK AND SIGN BELOW

Note: You must return this document no less than 30 days and no more than 180 days prior to your pension starting date.

The member must choose one option and sign at the end of the section.

Member Name _____ Social Security # _____

SINGLE PARTICIPANTS ONLY (WIDOWED, DIVORCED OR NEVER MARRIED)

One-Time Lump Sum Payment

I do not want to receive my Pension Amount in the form of a Life Annuity with a 36 Month Guarantee. I understand that by rejecting this form of annuity no lifetime benefits will be paid to me in accordance with Section 3.12 of the Pension Plan. I instead elect to receive my Pension Amount in the form of a Lump Sum payment in accordance with Section 3.16 of the Plan.

MARRIED PARTICIPANTS ONLY

One-Time Lump Sum Payment

I do not want to receive my Pension Amount in the form of a Qualified Joint and Survivor payment. I understand that by rejecting this form of pension and electing a lump sum distribution, no lifetime benefits will be paid to my spouse by the Pension Fund after my death in accordance with Article 5 of the Pension Plan. I instead elect to receive my Pension Amount in the form of a Lump Sum payment in accordance with Section 3.16 of the Plan.

Member Signature _____ **Date:** _____

SECTION 3 – SPOUSAL WAIVER AGREEMENT

Your **Spouse** must complete this section

I, _____, Spouse's SSN _____ am the spouse of _____
Print Spouse Name Print Member Name

Agree/Give up the right to have the 1199SEIU Home Care Employees Pension Fund pay my Spouse's retirement benefits to me as a qualified joint and survivor annuity under Option 2 [Joint and One Half (50%) Survivor Option], and I agree to give up that right.

I agree to my spouse's decision to elect a lump sum payment.

I UNDERSTAND THAT I DO NOT HAVE TO SIGN THIS AGREEMENT. I AM SIGNING THIS AGREEMENT VOLUNTARILY.

Signature of Member's Spouse _____

Sworn to me this _____, 20____
Day Month Year

Notary Public _____

SECTION 4

Unmarried **Members** must complete this section

I, _____, Social Security # _____, am the member
and _____
Print Name

herewith certify under penalties of perjury that I am not married.

Signature of Member _____

Sworn to me this _____, 20____
Day Month Year

Notary Public _____