

1199SEIU Health Care Employees Pension Fund

330 West 42nd Street • New York, NY 10036-6977 • (646) 473-8666 • Outside NYC: (800) 575-7771 • www.1199SEIUBenefits.org

AFFIDAVIT FOR UNLOCATABLE SPOUSE

Complete this form if you are separated from your spouse and are unaware of his or her whereabouts.
(Please print clearly in blue or black ink, or complete online.)

Member ID # or Social Security #: _____

I, _____, being duly sworn, depose and say: I am an applicant for a pension from
PENSION APPLICANT'S NAME

the 1199SEIU Health Care Employees Pension Fund. I was married to _____,
SPOUSE'S NAME

on _____, in _____.
DATE (MM/DD/YYYY) CITY, STATE, COUNTRY

In accordance with federal law and under the Plan, I understand that I am required to have the consent of my spouse for the type of pension payment I have selected.

My spouse and I have not been living together since _____, and I have not seen or heard from my
DATE (MM/DD/YYYY)

spouse since _____, and I do not know whether my spouse is alive or dead.
DATE (MM/DD/YYYY)

My spouse's Social Security number is: _____.
SPOUSE'S SOCIAL SECURITY NUMBER

In order to obtain the consent of my spouse for the pension option that I desire, I have written, by both certified and regular mail, to each of the following individuals:

1. I have written to the last address of my spouse known to me, at:

SPOUSE'S ADDRESS

2. I have written to _____, a relative of my spouse,
RELATIVE'S NAME

at: _____
RELATIVE'S ADDRESS

3. I have written to _____, the child(ren) of our marriage,
CHILD(REN)'S NAME(S)

at: _____
CHILD(REN)'S ADDRESS(ES)

4. I have taken the following additional steps to locate and obtain the consent of my spouse:

I submit this affidavit in order to demonstrate to the 1199SEIU Pension Fund that the consent of my spouse cannot be obtained, and that the Plan should not be liable for payment to my spouse if my spouse should make a claim against the Pension Fund. Accordingly, I am requesting that pension payments be made to me in the manner selected on the approved form, until or unless my spouse makes a claim against the Pension Fund during my lifetime.

PENSION APPLICANT'S SIGNATURE

THIS DOCUMENT MUST BE NOTARIZED. PLEASE HAVE THE SECTION BELOW COMPLETED, SIGNED AND SEALED BY A NOTARY PUBLIC.

On the _____ day of _____, 20____, before me came

_____, to me known and known to me to be the person

described above who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

[NOTARY SEAL]

My commission expires:

_____, 20____

COUNTY STATE

NOTARY SIGNATURE