



LOCAL UNION No. 569
INTERNATIONAL
BROTHERHOOD OF
ELECTRICAL
WORKERS

SAN DIEGO ELECTRICAL PENSION TRUST

P.O. BOX 231219
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(800) 632-2569



Visit www.569trusts.org



SAN DIEGO COUNTY CHAPTER
NATIONAL
ELECTRICAL
CONTRACTORS
ASSOCIATION INC.

SPOUSAL CONSENT FORM

The following certification must be signed by the spouse of the applicant either personally before a notary public.

I certify that I am the lawful spouse of the applicant, that I have been advised I have the right to require the applicant's pension benefits to be paid in the form of a 50% Joint and Survivor Pension and/or that I have the right to require that the applicant designate me as beneficiary. I further certify that I have been advised that any designated beneficiary other than myself cannot be changed by the applicant without my consent. With full knowledge of these rights, I freely consent to the optional pension form selected by the applicant and/or the beneficiary designated.

Dated: _____

Signed: _____

This signature must be signed before a notary public.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on
this _____ day of _____, 20____, by
Date Month Year

Name of Signer

*proved to me on the basis of satisfactory evidence to
be the person who appeared before me.*

Signature _____

Signature of Notary Public

Place Notary Seal Above