



**Annuity Fund of
Local No. One, I.A.T.S.E.**
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

**PLEASE NOTE: THIS FORM MUST BE SIGNED IN THE
PRESENCE OF A NOTARY PUBLIC.**

**REJECTION OF RETIREMENT SURVIVING SPOUSE ANNUITY
FOR NON-SPOUSE BENEFICIARY**

A. PARTICIPANT STATEMENT

- I hereby swear that the person co-signing this document in Section B is my spouse.
- I hereby swear that I am unable to locate my spouse. (Substantiation may be required.)

After considering the retirement survivor payment options of the Annuity Fund of Local One, IATSE, I hereby reject any retirement Surviving Spouse benefit that would otherwise be payable by the Fund at my death. I understand that this rejection will not be effective without the written consent of the person to whom I am married when I die, if we have been married for at least one year by that time, and that such consent must be notarized. I also understand that I can revoke this rejection at any time before my death or retirement.

Print Participant Name Social Security Number
Participant Signature _____ Date _____

STATE OF _____
COUNTY OF _____ :SS.

On the ____ day of _____, 20____, before me came _____,
to me known to be the person whose name is inscribed in Section A and who executed the foregoing, and
acknowledged that ___he executed the same of h___ own volition.
WITNESS my hand the day and year aforesaid.

Notary Public

B. SPOUSE STATEMENT

I swear that I am the legal spouse of the Participant named in Section A above. I hereby consent to my spouse's rejection of the retirement Surviving Spouse benefit. I understand that as a result, I will not be paid a benefit from the Annuity Fund of Local One, IATSE if my spouse dies before starting to receive payments from his or her Annuity Fund. I have reviewed the Beneficiary Designation Form and agree to let my spouse designate the beneficiary(ies) named on that form. My spouse may withdraw his or her designation at any time, but may not designate a different beneficiary(ies) without my consent.

Print Spouse Name Social Security Number
Spouse Signature _____ Date _____

STATE OF _____
COUNTY OF _____ :SS.

On the ____ day of _____, 20____, before me came _____,
to me known to be the person whose name is inscribed in Section B and who executed the foregoing, and
acknowledged that ___he executed the same of h___ own volition.
WITNESS my hand the day and year aforesaid.

Notary Public