



**Pension 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 PRE-RETIREMENT SURVIVING SPOUSE PENSION  
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.)

I hereby reject any Pre-retirement Joint and Survivor Pension that would otherwise be payable by the Fund at my death. I understand that this rejection will not be effective without the written, notarized consent of the person to whom I am married when I die, and 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 \_\_\_\_\_ :SS.  
COUNTY OF \_\_\_\_\_

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 Pre-retirement Joint and Survivor Spouse Pension. I understand that as a result, I will not be paid a lifetime benefit from the Pension Fund of Local One, IATSE if my spouse dies. 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 \_\_\_\_\_ :SS.  
COUNTY OF \_\_\_\_\_

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