

**ANNUITY PLAN OF LOCAL NO.86**  
**2300 East River Road \* Rochester NY 14623**  
**Telephone: (585) 235-1515**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**RETIREE ELECTION TO CHANGE BENEFIT INSTALLMENT AMOUNT**

**Note: Must be received by the 15<sup>th</sup> of the month before election becomes effective.)**

Having previously deferred receipt of a portion of my benefits under the Annuity Plan of IBEW Local No. 86, I hereby elect to change the amount of benefits payable to me on

JANUARY 1<sup>st</sup> / APRIL 1<sup>st</sup> / JULY 1<sup>st</sup> / OCTOBER 1<sup>st</sup> (CIRCLE EFFECTIVE DATE)

following receipt by the Joint Annuity Committee of this election form. I now wish to have my benefits paid in the following form:

**(CHECK ONE AND COMPLETE THE NECESSARY BLANK)**

- Monthly installments of \$ \_\_\_\_\_ with the balance remaining after my death payable in a lump sum to my designated beneficiary or, if I am married at the time the installments begin, to my spouse unless he / she consents to the designation of a different beneficiary.
- Yearly installments of \$ \_\_\_\_\_ with the balance remaining after my death payable in a lump sum to my designated beneficiary or, if I am married at the time the installments begin, to my spouse unless he / she consent to the designation of a different beneficiary.
- By the purchase of an annuity contract with benefits payable monthly over my lifetime.
- By the purchase of an annuity contract with benefits payable over my lifetime with payments continuing to my spouse after my death in amounts equal to 50% of the pre-death benefits.
- Stop payments.

If you worked after August 22, 1984, and are married, the attached Spousal Consent Form must be completed before your benefit can be changed.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**SPOUSAL CONSENT**

I have read and understand the explanation above. By signing this Consent, I am agreeing to payment of benefits in the form indicated above and am waiving my right to payments which I would receive under a Husband and Wife Pension if I survive my spouse.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Print Name of Spouse

\_\_\_\_\_  
Soc. Sec. No.

Date: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF MONROE ) SS.

On the \_\_\_\_ day of \_\_\_\_\_ in the year 2006 before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
**Notary Public**

**CERTIFICATION OF UNMARRIED STATUS**

I hereby certify that as of the date below I am not married and that I will notify the Committee immediately if my marital status changes before I begin receiving benefits.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Print Participant's Name

Date: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF MONROE ) SS.

On the \_\_\_\_ day of \_\_\_\_\_ in the year 2006 before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary