

SAG-PRODUCERS PENSION PLAN

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50% Joint and Survivor Pension Rejection Form

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.

Participant's statement: I DO NOT elect to receive my pension benefits in the form of a 50% Joint and Survivor Pension. I understand that rejecting this form of pension means that no benefits will be paid to my spouse by the Plan after my death unless he/she is entitled to benefits as my designated beneficiary or contingent annuitant.

- I swear that I am not legally married at this time.
- I swear that I am unable to locate my spouse.
- I swear that the person co-signing this document below is my spouse.

Participant name (print) _____	Participant Social Security number _____	—	—
Participant signature _____	Date _____	/	/
State of _____	County of _____		
On the _____	day of _____		
before me came _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.			

Notary Public _____

Spouse's statement: I swear that I am the legal spouse of the participant signing above. I consent to my spouse's rejection of the 50% Joint and Survivor Pension. I understand that as a result, I will not be paid a pension from the Plan after my spouse's death unless I am entitled to benefits as my spouse's designated beneficiary. I consent to the beneficiaries designated by my spouse and authorize a future change to the designated beneficiaries without my further consent.

Spouse name (print) _____	Spouse Social Security number _____	—	—
Spouse signature _____	Date _____	/	/
State of _____	County of _____		
On the _____	day of _____		
before me came _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.			

Notary Public _____