

ELECTION TO WAIVE ANNUITY

JOINT AND SURVIVOR ANNUITY (MARRIED PARTICIPANTS)

FOR ACCOUNT BALANCES OF \$5,000.00 OR MORE

For purposes of this Waiver, the term "Participant" shall be considered synonymous with the term "Beneficiary".

SECTION ONE – COMPLETED BY THE PARTICIPANT

Employer / Plan Name

As a participant in the above mentioned plan, I hereby elect NOT to have my benefits paid to me in the form of a joint and survivor annuity, if married. I have read and understand the *Joint and Survivor Notice* and acknowledge that I have the right to waive the annuity form of payment provided my spouse, if married, also consents in writing to the waiver.

Marital Status:

- I am married
 I am NOT married

SECTION TWO – PARTICIPANT AUTHORIZATION & SPOUSAL CONSENT

Signatures must be made in the presence of the Plan Administrator.

Name of Participant:	Participant's Signature:	Date:
Name of Spouse:	Spouse's Signature:	Date:

SECTION THREE – AUTHORIZATION (Completed by Employer or Notary)

This form must be notarized if not signed by BOTH participant and spouse in the presence of the Plan Administrator.

Name of Trustee / Plan Administrator:	Trustee / Plan Administrator's Signature:	Date:
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NOTARIZATION

IN WITNESS WHEREOF, the undersigned subscribed and sworn to me has hereto set (his / her) hand this _____ day of _____, 20_____.

Notary Signature:	Date Commission Expires:
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(SEAL)

NOTE: The original must be kept by your employer. All signatures are necessary for this form to be valid.
Copies of completed forms should be mailed to: The Stoller Company 190 North Wiget Lane, Suite 110, Walnut Creek, CA 94598-2476