

**SAN FRANCISCO ELECTRICAL WORKERS
RETIREMENT SAVINGS PLAN**

Waiver and Spousal Consent to Waiver of the Joint and Survivor Annuity

Participant _____

Social Security Number _____

Waiver

I am aware that under federal law and the terms of the San Francisco Electrical Workers Retirement Savings Plan ("Plan"), the normal form of benefit for a married Participant is the Joint and Survivor Annuity.

I understand that under the Joint and Survivor Annuity, my Individual Account balance would be used to purchase an annuity from an insurance company to provide a monthly retirement benefit during my lifetime, and that upon my death, my spouse would then be entitled to one-half of that amount, (or 100% in the event a 100% Joint and Survivor Annuity is elected by me) for the remainder of my spouse's life. I understand that my Spouse must consent to a waiver of the right to a Joint and Survivor annuity in order for me to select one of the other benefit options that are available under the Plan.

I understand that the Plan will commence distribution of the form of benefit I have elected as soon as practical following application for retirement, but no earlier than the 30th day, or later than the 90th day, after this written explanation was provided to me. I further understand that I may revoke any benefit election before distribution actually begins.

Participant's Signature

Spousal Consent

I hereby waive my right to a survivor annuity and consent to my spouse's election of a different form of benefit. I understand that as a result of this waiver, I will not be entitled to any survivor benefits upon my spouse's death (unless the benefit option selected provides for such).

I understand that I may revoke this waiver only up until benefits actually commence being paid in accordance with the different election of my spouse. I recognize that once benefits commence being paid in accordance with that election, I can no longer revoke this waiver. I understand that among the possible elections my spouse has the right to take an immediate lump sum payment from the plan.

I fully understand the consequences of my consent, understand the financial effect of the benefit option that has been selected, and recognize that my spouse's election of the optional form of payment indicated on the attached form may not be changed.

I hereby voluntarily consent to waive the Joint and Survivor Annuity form of payment from the San Francisco Electrical Workers Retirement Savings Plan.

Spouse's Name _____

Spouse's Signature _____

Date Signed _____

This consent is valid only if witnessed by a Notary Public or Plan Representative.

Witnessed by _____, Plan Representative on
_____ (date).

Signature of Plan Representative

State of _____

County of _____

On _____ (date) before me, _____, Notary Public,

personally appeared _____ (signer),

personally known to me (or 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 entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

Notary Signature

Notary Seal