

DISCLAIMER OF BENEFIT

CAUTION: This form is designed to allow a beneficiary to waive his or her rights to receive a spousal annuity or other death benefit payable under a qualified retirement plan. By disclaiming this benefit, the beneficiary will have no further right or entitlement to receive this payment.

THIS FORM IS NOT REVOCABLE.

DO NOT SIGN THIS FORM WITHOUT FIRST CONSULTING AN ATTORNEY.

I, _____, am a beneficiary of deceased participant _____ under the terms of the Heat and Frost Insulators Local #34 Pension Plan. As such, I understand that I am now entitled to receive a spousal annuity or other death benefit payable under the terms of the Plan. I hereby wish to fully and completely disclaim my interest in such benefits. I understand that such benefits will then become payable to the participant's other beneficiaries and/or his estate under existing rules for distribution as set forth in the Plan document.

I make this disclaimer of benefits freely and without reservation.

Signature

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public