SPOUSAL CONSENT FORM
Puget Sound Electrical Workers 401(k) Savings Plan

*** ***

WPAS ID:

NOTE: This form must be completed by the spouse of the Plan Participant unless the Participant elects 1) a Joint and Survivor Annuity or 2) has a vested account balance of $5,000 or less. If electing a Joint and Survivor Annuity, it must be with his/her spouse as beneficiary.

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

SPOUSAL CONSENT ***(To be completed by the spouse of the Participant)***

I certify that I am the spouse of the Participant named above. I understand that I have the right to have the Plan pay my spouse's vested account in the form of a joint and survivor annuity (which will provide a lifetime annuity to my spouse with continuing payments to me for my lifetime, provided that I outlive my spouse); and, I hereby agree to give up that right. I understand that by signing this **SPOUSAL CONSENT FORM**, I may receive less money than I would have received under the joint and survivor annuity and that I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses.

I understand that if I do not sign this **SPOUSAL CONSENT FORM**, then my spouse and I will receive payments under the Plan in the form of a joint and survivor annuity.

_____
Spouse's Name (Print)

_____ _____
Signature of Spouse Date
(Must be signed and dated in presence of Notary)

WITNESSED BY ***(To be completed by Notary Public or Plan Representative)***

NOTARY PUBLIC

State of _____, County of _____, ss.

On this, the _____ day of _____, 20__, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Certification and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

_____
Signature of Notary Public (SEAL)

My Commission Expires: _____/_____/_____

OR

LO13055017

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WPAS ID:

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

PLAN REPRESENTATIVE

_____ _____

Signature of Plan Representative Date

Return this form to: Trust Office, Puget Sound Electrical Workers 401(k) Savings Plan, c/o Welfare and Pension, Administration Services, Inc., PO Box 34203, Seattle, WA 98124.

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