

Central Laborers' Pension Fund  
Cancellation of Optional Pre-Retirement Surviving Spouse Pension

I hereby cancel my election of the Optional Pre-Retirement Surviving Spouse Pension. Such cancellation shall be effective the first day of the calendar month following completion and return of this form.

*You may re-elect this coverage at any time beginning the first day of the month after you complete and return a notarized Election of Pre-Retirement Surviving Spouse Pension Form (provided you have a qualified spouse).*

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

I certify that the individual listed above appeared before me and that the signature is the true signature of the individual.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

(SEAL)