

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)