



# Spousal Consent

Use blue or black ink only.

If you have any questions regarding the completion of this form, please call the Voice Response System at 1-866-258-4777.

**Plasterers Local 31 Pension Plan**

**453372-01**

## Participant Information

_____		_____		_____	
Last Name	First Name	MI	Social Security Number		
_____				_____	
Address - Number & Street				E-Mail Address	
_____		_____	_____	_____	
City		State	Zip Code		
( _____ )					
Daytime Phone					

**Spousal Consent is required on your request. Complete section(s) below as needed.**

- Distribution Reason - Complete this section if you are requesting a distribution.**
  - Severance of Employment - Date: \_\_\_\_\_  Disability - Date: \_\_\_\_\_
  - Minimum Distribution (Age 70 1/2)
- You must check one:
  - Full Distribution**
  - OR
  - Partial Distribution**      Amount \$ \_\_\_\_\_  Net Amount



