

# 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



