

**Northern California Glaziers, Architectural Metal and Glass Workers Pension
Trust Fund & Northern California Glaziers Individual Account Retirement Plan**

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Spousal Consent Form

I _____; swear that I am the legal spouse
of _____. I hereby consent to my spouse's rejection of
the Husband and Wife Pension; I understand that as a result, I will not be paid a lifetime pension from the Pension Plan after my
spouse's death. Further that depending on the number of payments he has received at the time of his death, no benefits may be
payable to me. I addition, I recognize that because of this rejection, the pension paid to my spouse while he or she is living, will be
higher that it would have been if I had the survivor protection

Spouse's Signature

Date

Spouse's Social Security Number

Certification by Notary Public

State of _____	County of _____
On _____ before me,	_____
Date	Name and Title of the Officer
personally appeared _____	
Name of Signer	
who proved to me on the basis of satisfactory evidence to be the person (s) whose name (s) is/are subscribed to the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature (s) on the instrument the person (s), or the entity upon behalf of which the person (s) acted, executed the instrument.	
I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.	
State of _____	County of _____
On _____ before me,	_____
Date	Name and Title of the Officer
personally appeared _____	
Name of Signer	
who proved to me on the basis of satisfactory evidence to be the person (s) whose name (s) is/are subscribed to the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature (s) on the instrument the person (s), or the entity upon behalf of which the person (s) acted, executed the instrument.	
I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.	

WITNESS my hand and official seal.



(Place Notary Seal above)

Signature of Notary Public