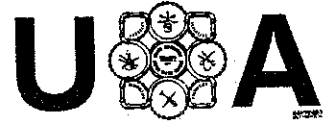


PUTNAM INVESTMENTS

Plumbers and Steamfitters Local 21 Annuity Fund (914) 737-7220

SPOUSAL CONSENT FORM

1-877-UNION-44 (1-877-864-6644)



- Use this form in connection with a request for a loan under the plan.
- This form is effective only for loans processed within 180 days after the form is signed.
- Please return your completed form to:
US Postal Mail (including USPS Express Mail) - Putnam Investments, Attn: Plumbers 21 (650355), P.O. Box 9740, Providence, RI 02940-9740.
Other Courier Mail - Putnam Investments, Attn: Plumbers 21 (650355), Investors Way, Norwood, MA 02062.

1. Participant Information

Please print clearly

Marital Status

Married

Not Married

Social Security Number

Date of Birth (MM-DD-YYYY)

Last Name

First Name

MI

Mailing Address

Apt. #

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

M F
Gender

E-mail Address

2. Marital Status

I certify that I am (check one):

Married. (If checked, your spouse must complete the "Spousal Consent" section.)

Not married. (If your marital status changes, you must complete a new "Annuity Waiver and Spousal Consent Form.")

3. Participant Signature

I have read the Notice of Retirement Annuity Benefits and the Special Tax Notice Regarding Plan Payments, and I know that I have the right to receive my benefits as a qualified joint and survivor annuity if I am married or a single-life annuity if I am not married. I also know I can waive the right to annuity payments, with the consent of my spouse if I am married. I understand that if I waive those rights I can change my mind and revoke the waiver at any time before my loan is issued. I have at least 30 days to decide whether or not to waive the annuity payments. I have also read the Notice of Distribution Options and I understand my distribution choices, including my right to defer payments to me under the plan.

Signature of Participant

Date (MM-DD-YYYY)



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OVER

CV(11)650355-012 01/12/09

4. Spousal Consent

I am the spouse of the participant whose signature appears above. I have read the Notice of Retirement Annuity Benefits. I understand that I have the right to have the plan pay my spouse's retirement benefits in the qualified joint and survivor annuity payment form. I understand that by signing this Spousal Consent, I may receive less money than I would have received under the qualified joint and survivor annuity payment form and I may receive nothing after my spouse dies. I agree that my spouse can receive a loan from the plan. I understand that my spouse cannot choose a form of retirement benefits other than a qualified joint and survivor annuity unless I agree to the change. I understand that I do not have to sign this Spousal Consent. I am signing this Spousal Consent voluntarily.

Signature of Spouse

Date (MM-DD-YYYY)

WITNESSED:

Signature of Authorized Plan Representative

Date (MM-DD-YYYY)

OR

Signature of Notary Public (with stamp or seal)

Date (MM-DD-YYYY)

If Notary Public, my commission expires: _____

BACK

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