

**RETIREMENT BENEFIT PLAN FOR EMPLOYEES REPRESENTED BY THE TWU  
WAIVER OF PRE-RETIREMENT SURVIVOR ANNUITY**

Name of Employee \_\_\_\_\_ Employee # \_\_\_\_\_

Name of Spouse \_\_\_\_\_

**EXPLANATION OF PRE-RETIREMENT SURVIVOR ANNUITY**

The Retirement Benefit Plan automatically provides a pre-retirement survivor annuity benefit to the spouse of a married vested Member in the event of the Member's death prior to the commencement of benefits. Your spouse will automatically receive lifetime monthly payments equal to 50% (or such other amount as previously elected) of your accrued benefit, reduced by (1) the applicable Joint and Survivor Annuity factor, (2) the applicable early retirement factor and (3) the applicable charge for the period of coverage. This charge will be in the form of a reduction in the retirement income payable to you when your retirement begins, or in the benefit payable to your spouse, if your death occurs prior to the date you begin to receive retirement income. There is no charge, however, for the period you have this coverage prior to age 35 nor is there a charge on or after the age at which you have attained the Earliest Retirement Age under the Plan.

This coverage will remain in effect for your spouse until the EARLIEST of the following: (1) the date your payments from the Plan begin; (2) the date of the death or divorce of your spouse, unless a qualified court order requires this coverage for your former spouse; or (3) the date a valid waiver of this coverage is received by the Company.

To receive the pre-retirement survivor annuity, your spouse must have been married to you for the one-year period ending on the date of your death, unless a Qualified Domestic Relations Order requires that the benefit is payable to your former spouse. Your spouse may begin receiving payments after your death on the first of any month on or after the date you would have reached the Earliest Retirement Age under the Plan had you survived and can be deferred until as late as the date you would have reached age 65. Such date, once chosen by your spouse, is irrevocable. If your death occurs after you have reached age 65, payments must commence immediately.

**WAIVER OF PRE-RETIREMENT SURVIVOR ANNUITY**

You may waive the automatic or elected pre-retirement survivor annuity coverage with the written, notarized consent of your spouse. You must have been married to your spouse for at least one year for the waiver to be valid. The period during which this coverage can be waived begins the January 1<sup>st</sup> of the calendar year in which you reach age 35 and continues until the date of your death. However, should you terminate employment, a waiver can be completed at any time regardless of your age.

Complete the bottom section of this form only if you intend to waive this coverage, and submit it to American Airlines HR Services, P O Box 9741 Providence, RI 02940-9741. The waiver will become effective on the 1<sup>st</sup> of the month following receipt of a valid waiver form.

You may revoke the waiver at any later date. To do so, you must complete a revocation form supplied by the Company and return it to Pension Administration at the above address. If a revocation form is submitted, the automatic pre-retirement survivor annuity coverage under the Plan will once again become effective to provide a death benefit to your spouse.

**WAIVER**

**PLAN MEMBER'S WAIVER**

I fully understand the explanation of the pre-retirement survivor annuity and choose to waive this benefit. I understand that the effect of this waiver is that no benefits will be paid to my spouse from the Plan in the event of my death prior to the Earliest Retirement Age under the Plan.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**SPOUSAL CONSENT**

I hereby consent to my spouse's waiver of the pre-retirement survivor annuity under the Plan. The pre-retirement survivor annuity coverage has been explained to me, and I understand that the effect of my spouse's waiver is that no benefits will be paid to me from the Plan when my spouse dies, unless my spouse dies at or after the Earliest Retirement Age under the Plan. I certify that I have been married to my spouse for at least one year.

I understand that my spouse's election to waive the pre-retirement survivor annuity is not valid unless I consent to it. I understand that either my spouse or I may revoke this waiver at any time. My consent is given knowingly and voluntarily and not as a result of coercion, undue influence, or duress.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My term expires: \_\_\_\_\_

