

WAIVER OF BENEFIT

PARTICIPANT'S WAIVER OF BENEFIT

I, _____, do hereby certify that a copy of the _____ Plan has been made available for my inspection and I understand that I am entitled to a monthly benefit at retirement in accordance with the terms of the Plan.

After careful consideration, I hereby waive \$ _____ of monthly retirement benefit. I acknowledge that this waiver is irrevocable.

I do hereby release and forever discharge all parties to the _____ Plan (Employer, Trustees, etc.) of any liability arising by reason of this election.

I hereby certify that I have read the foregoing election, understand the nature and effect of my decision, and execute this declaration of my own free will and not be reason of any influence or persuasion on the part of any person.

Signed this _____ day of _____, 20____.

WITNESSED BY:

PARTICIPANT

EMPLOYER

TRUSTEE

SPOUSE'S CONSENT TO WAIVER OF BENEFIT

I hereby consent to the foregoing election by my spouse to waive benefits in the _____ Plan. Further, I understand that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; that my spouse's waiver is not valid unless I consent to it; and that my consent is irrevocable unless my spouse revokes the waiver.

Signed this _____ day of _____, 20____.

SPOUSE

WITNESSED BY:

CERTIFICATION OF UNMARRIED PARTICIPANT

I certify that I am not legally married. I understand that a false statement by me may cause the _____ Plan legal damages, in which event I agree to be fully responsible for all such amounts and agree that this shall be binding upon my heirs and my estate in the event of my death.

Executed this _____ day of _____, 20____.

Unmarried Participant