

WAIVER OF CONTRIBUTION

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 contribution toward my monthly benefit at retirement, in accordance with the terms of the Plan.

After careful consideration, I hereby waive \$ _____ of my contribution for the _____ to _____ Plan Year. I understand 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 by 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 \$ _____ of their contribution for the _____ to _____ Plan Year 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:
