

**WAIVER OF INSURANCE**

I, \_\_\_\_\_, understand that under the terms of the \_\_\_\_\_ Plan (the "Plan") I am entitled to elect to have part of my Plan contribution used to purchase a Life Insurance Policy upon meeting the requirements of the Insurer and in accordance with the terms of the Plan.

After careful consideration, I have decided that I do not want to use any of my contributions to purchase Life Insurance. Instead I hereby elect that the entire contribution to the Plan for my behalf be invested in the investment fund of the Plan. I am fully aware that in the event of my death before retirement my beneficiaries may receive a lesser amount of money as calculated under the terms of the Plan.

I do hereby release and forever discharge all parties to the Plan (EMPLOYER, TRUSTEES, etc.) of any and all 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