



WAIVER OF PARTICIPATION

This form is to be completed at your time of hire should you wish to waive participation in the Retirement Plan. Only employees hired for the first time at age 60 or older by a YMCA that requires employee contributions to the Retirement Plan may waive participation.

Complete Step 1 and attach proof of your age, such as a copy of your birth certificate, driver's license, etc. Return this waiver and proof of age to your YMCA's CEO, Human Resources or Payroll Department to complete Step 2 and send to the Retirement Fund.

THIS FORM IS NOT VALID unless it is completed without erasures or alterations. Faxes and copies will not be accepted. Your request will not be processed until the YMCA Retirement Fund receives the properly completed form from your YMCA.

STEP 1: Signature by Individual

This is to certify that Retirement Plan provisions have been fully explained to me by my YMCA, and that I have made the decision below voluntarily and knowingly.

I do not choose to participate in the Retirement Plan. If, at a later date I wish to participate in the Retirement Plan, I understand that I must submit a Revocation of Waiver to my YMCA local plan administrator. I understand that if my YMCA adopts a Resolution to Amend Participation whereby employee contributions are no longer required, I will be enrolled in the Retirement Plan as of the effective date of that resolution.

Your Name (please print) _____

Original Hire Date ____/____/____ (mm/dd/yyyy)

Birth Date ____/____/____ (mm/dd/yyyy)

SSN boxes and Social Security Number label

Eligibility Date ____/____/____ (if this waiver is being signed at the time of eligibility) (mm/dd/yyyy)

YOUR SIGNATURE _____

Today's Date ____/____/____ (mm/dd/yyyy)

STEP 2: Authorization by YMCA

The employing YMCA must complete this section and send this waiver, with employee's proof of age, to the YMCA Retirement Fund, 140 Broadway, New York, NY 10005 1197. Retain a copy for the employee's personnel records.

CEO SIGNATURE _____

Today's Date ____/____/____ (mm/dd/yyyy)

YMCA Name _____ YMCA Number _____

