



YMCA RETIREMENT FUND

SAVINGS FOR LIFE

AFFIDAVIT FOR PARTICIPANTS UNABLE TO LOCATE FORMER SPOUSE

Print Your Name _____ SSN # - -

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

YOUR SIGNATURE AND NOTARIZATION

I, (print your name) _____, am a participant in the YMCA Retirement Fund Retirement Plan and/or the Tax-Deferred Savings Plan. I am divorced from (print your former spouse's name) _____ and have not been able to locate my former spouse. Therefore, he/she is not available to sign the *Consent to Waiver by Former Spouse* in connection with my request.

YOUR SIGNATURE _____

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

NOTARY SEAL:

NOTARY PUBLIC AS WITNESS:

Subscribed and sworn before me this ____ day of _____, 20 ____

NOTARY SIGNS _____

State of _____

My Commission Expires _____

