



CONSENT TO WAIVER BY FORMER SPOUSE

This form may not be valid unless it is completed without erasures or alterations. This form MUST be notarized. Faxes and copies will not be accepted. Your request will not be processed until the YMCA Retirement Fund receives the properly completed form.

Participant Name \_\_\_\_\_ SSN # [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

FORMER SPOUSE'S SIGNATURE AND NOTARIZATION

This section is to be completed by your former spouse in the presence of a notary public. If you are unable to locate your former spouse, you will need to complete the Affidavit for Participants Unable to Locate Former Spouse. This form is available for download on our website at www.yretirement.org under Resources & Support, Forms, or can be obtained by calling our Customer Service Department at 800-RET-YMCA.

This is to certify that I, (print the name of the former spouse) \_\_\_\_\_, am divorced from (print the name of the participant) \_\_\_\_\_, who is a participant in the YMCA Retirement Fund Retirement Plan and/or the Tax-Deferred Savings Plan. I am aware of the participant's account(s) and have chosen to waive my rights to his/her account(s). I also certify that this waiver was knowingly and voluntarily given with respect to my rights to his/her benefits and contributions under the YMCA Retirement Fund Retirement Plan and/or Tax-Deferred Savings Plan.

FORMER SPOUSE SIGNS

NOTARY SEAL:

NOTARY PUBLIC AS WITNESS:

Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

NOTARY SIGNS

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

