

WAIVER OF PARTICIPATION

This form is to be completed if 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. Your decision to waive participation in the Retirement Plan will not prohibit your participation in the Tax-Deferred Savings Plan.

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 YMCA Retirement Fund.

THIS FORM MAY NOT BE 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 choose not 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's 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)

- -
Social Security Number

Eligibility Date ____/____/____
(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, along with a copy of the employee's proof of age, to the YMCA Retirement Fund, 120 Broadway, New York, NY 10271 1999. Retain a copy of this form for the employee's personnel records at your YMCA.

CEO SIGNATURE _____ **Today's Date** ____/____/____
(mm/dd/yyyy)

YMCA Name _____ YMCA Number _____

