



SPOUSAL CONSENT TO WAIVE QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY

Participant Name _____ SSN # [] [] [] - [] [] - [] [] [] []

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.

* If you are making a beneficiary designation and wish to designate less than 100% of your pre-retired benefits to your spouse, your spouse must complete only box A in the presence of a notary public. Do not complete box B.

* If you are single, divorced or widowed, you must complete and sign only box B in the presence of a notary public.

A YOUR SPOUSE'S CONSENT TO WAIVE QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY

I am the spouse of the person named above. He/she is a participant in the YMCA Retirement Fund Retirement Plan and/or the Tax-Deferred Savings Plan. I acknowledge that I have read and understand the Explanation of Qualified Pre-Retirement Survivor Annuity (QPSA) on page 2 of this form. I understand that my spouse has elected to waive his/her right to a QPSA, which would provide me with an annuity based on one-half of his/her account balances upon his/her death. I consent to the waiver and acknowledge that if the participant dies before I do, this benefit will not be payable to me and I may not receive any benefit from the plan(s). I am not obligated to sign this form; I am signing it voluntarily.

SPOUSE PRINTS NAME _____

SPOUSE SIGNS _____

NOTARY SEAL:

NOTARY PUBLIC AS WITNESS:

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

NOTARY SIGNS _____

State of _____

My Commission Expires _____

B PARTICIPANT SIGNATURE AND NOTARIZATION (complete this box only if box A above is not applicable)

I, (print your name) _____, am a participant in the YMCA Retirement Fund Retirement Plan and/or the Tax-Deferred Savings Plan. I acknowledge that I have read and understand the Explanation of Qualified Pre-Retirement Survivor Annuity (QPSA) on page 2 of this form. I waive my right to a QPSA, which would provide a spouse with an annuity based on one-half of my account balances upon my death. I understand I may do so without consent because of the following:

- I am single. I am divorced. I am widowed.

If you are divorced and have not submitted a copy of your divorce decree and separation agreement to the Fund, please return a copy to us with this form. If you cannot locate these documents, please contact our Customer Service Department for assistance.

As of the date of this form, I hereby release and forever discharge the YMCA Retirement Fund, the Retirement Plan and/or the Savings Plan from all claims and demands whatsoever with respect to my annuity selection pursuant to this form.

PARTICIPANT SIGNS _____

NOTARY SEAL:

NOTARY PUBLIC AS WITNESS:

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

NOTARY SIGNS _____

State of _____

My Commission Expires _____

WAIVE QP/RETIREE (6/15)



Explanation of Qualified Pre-Retirement Survivor Annuity

If you are married and die before you begin receiving retirement benefits, a Qualified Pre-Retirement Survivor Annuity ("QPSA") will be provided to your surviving spouse, unless you elect to waive the QPSA. The QPSA benefit is an annuity for the life of your spouse based on one-half of your account balances as of your death. You may elect to waive a QPSA, only if your spouse consents in writing to that election before a notary public. Your spouse's right to a QPSA benefit cannot be taken away unless he/she agrees to give up that benefit. If your spouse agrees, you can choose to have all or a part of your benefits paid to someone else. You may, if you desire, waive a previous election and make a new election. If your account balance is \$5,000 or less at the time of your death, your surviving spouse will be paid in a single lump sum even if you do not waive the QPSA.

You may waive the QPSA benefit with spousal consent beginning with the first day after which you become a participant in the plan. However, if you waive while you are still an employee of a YMCA and under age 35, the waiver will become invalid the first day of the Plan year in which you reach age 35 and your spouse will automatically be entitled to 50% of your account balance(s). If you wish to avoid this, you must complete a new *Spousal Consent to Waive Qualified Pre-Retirement Survivor Annuity* at that time.

If you are not married at the time of your death, your designated beneficiary(ies) will be entitled to receive all of your benefits.