

**REVOCATION OF WAIVER**

Please return the completed form to the YMCA Retirement Fund, 120 Broadway, New York, NY 10271 1999. This form becomes effective only after it is validated by the YMCA Retirement Fund.

This form may only be used to revoke a *Waiver of Participation* in the YMCA Retirement Fund Retirement Plan.

**STEP 1: Signature**

Although I, \_\_\_\_\_, previously waived participation in the YMCA Retirement Fund Retirement Plan, I now wish to revoke my waiver and request to be enrolled by my YMCA in the Retirement Plan as soon as administratively possible. I hereby consent to deductions from my salary for any required after-tax contributions to the Retirement Plan.

I understand that no retroactive monies will be due for the period in which participation in the Retirement Plan was waived by me and that I will receive no benefits for that period. I understand that I have met all eligibility requirements to be enrolled in the Retirement Plan and that my previous service at a participating YMCA counts towards eligibility and vesting in the Retirement Plan.

Your Name (please print) \_\_\_\_\_

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

Birth Date     /    /      
(mm/dd/yyyy)

-   -      
Social Security Number

Enrollment Date     /    /      
(mm/dd/yyyy)

**YOUR SIGNATURE** \_\_\_\_\_

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

**STEP 2: Authorization by YMCA**

**CEO SIGNATURE** \_\_\_\_\_

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

YMCA Name \_\_\_\_\_

YMCA Number \_\_\_\_\_

The employing YMCA should permanently retain copies of *Revocation of Waiver* forms.

