



7772 N. Palm Ave.
Fresno, CA 93711
www.fcera.org
(559) 457-0681 p.
(559) 457-0318 f.

RETIREMENT BENEFITS WAIVER
For Eligible Spouse to Waive Rights to a Continuing Benefit

I, _____ am currently married to _____
("spouse"), who is a member of the Fresno County Employees' Retirement Association (FCERA). I understand that absent this Waiver, I would be entitled for my lifetime to a portion of the retirement allowance paid by FCERA to my spouse ("continuing benefit"), should my spouse predecease me.

I hereby agree with and consent to my spouse's decision to take Retirement Option ____ and name _____ as recipient(s) of a lifetime continuing benefit at the death of my spouse. I understand that by agreeing and consenting to this decision, that I am waiving any rights to receive a continuing benefit from FCERA.

Prior to signing this waiver, I have been given the opportunity to discuss this matter with FCERA staff. I understand that I have the right, and am advised to, speak with legal counsel prior to making this decision. I have freely chosen to relinquish all rights to receive any continuing benefit from FCERA after my spouse's death.

SIGNATURE

DATE

This waiver may be revoked at any time prior to the retirement of my spouse.

The above waiver must be notarized.

State of _____)

County of _____)

On _____, before _____ personally appeared
DATE NAME AND TITLE OF NOTARY PUBLIC

NAME OF SIGNER who proved to me on the basis of satisfactory evidence to

be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

SIGNATURE OF NOTARY PUBLIC

PLACE NOTARY SEAL ABOVE