

Phone (559) 457-0681 FAX (559) 457-0318 www.fcera.org

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

I,who is a member of the Fresno County Employees	, am currently married to ("spouse"), 'Retirement Association ("FCERA"). I understand that absent this
("continuing benefit"), should my spouse pre-decea	rtion of the retirement allowance paid by FCERA to my spouse ase me.
	's decision to take Retirement Option and name
	as
recipient(s) of a lifetime continuing benefit at the d this decision, that I am waiving any rights to receive	eath of my spouse. I understand that by agreeing and consenting to be a continuing benefit from FCERA.
	opportunity to discuss this matter with FCERA staff. I understand legal counsel prior to making this decision. I have freely chosen nefit from FCERA after my spouse's death.
Signature	Date
Printed Name	
This waiver may be revoked at any time prior to The above waiver must be notarized.	to the retirement of my spouse.
State of California } County of}	
On before	
On, before _ Date Personally appeared	Name and Title of Notary Public
	Name of Signer
[ ] personally known to me [ ] proved to me on the basis of satisfactory eviden	nce
	within instrument and acknowledged to me that he/she executed y his/her signature on the instrument the person, or the entity upon trument.
WITNESS my hand and official seal.	
Signature of Notary Public	 Place Notary Seal Above