

Plan Name: CATOOSA COUNTY PENSION PLAN

ELECTION TO WAIVE JOINT AND SURVIVOR ANNUITY

As a Participant in the Catoosa County Pension Plan, I hereby acknowledge that I have been informed by the Administrator that my benefits under the Plan will be paid to me in the form of a joint and survivor annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver; that I understand the terms of waiver; and that I may revoke any waiver in effect.

() I hereby elect to waive the joint and survivor annuity form of payment.

EXECUTED this _____ day of _____, 20__.

Witness

Participant

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse, not to have benefits under Catoosa County Pension Plan paid in the form of a joint and survivor annuity. Further, I hereby acknowledge that I understand (1) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver

EXECUTED this _____ day of _____, 20__.

Witnessed by:

Participant's Spouse

Plan Administrator

OR

Notary Public