



## WAIVER OF INTEREST

in the  
Laborers Pension Trust Fund for Northern California

Former Spouse Name: \_\_\_\_\_

Former Spouse's Social Security Number: \_\_\_\_\_

Former Spouse's Address: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby declare that I do not claim any community property or other interest in  
(Former Spouse's Name)

Laborers Pension and Annuity benefits for \_\_\_\_\_ (SSN: XXX-XX-0000), which are  
(Participant's Name)

administered through the Laborers Pension Trust Fund for Northern California. Furthermore, I waive any

interest or claim to benefits that I may have as former spouse of \_\_\_\_\_, including the  
(Participant's Name)

right to be treated as his or her surviving spouse for the distribution of any Pension or Annuity benefit.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2021 in the County of \_\_\_\_\_,

State of \_\_\_\_\_ .

Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_  
(Notary Signature and Seal)