



Laborers Pension Trust Fund for Northern California
220 Campus Lane, Fairfield, CA 94534-1498 • Telephone: (707) 864-2800 • Toll Free: 1-(800) 244-4530

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 _____, 2014 in the County of _____,

State of _____ .

Signature: _____

Witnessed by: _____
(Notary Signature and Seal)