



Laborers Annuity Plan for Northern California

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WAIVER OF INTEREST in the Laborers Annuity Plan 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 Annuity benefits for _____ (SSN: XXX-XX-0000), which are administered
(Participant's Name)

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 right to be
(Participant's Name)

treated as his or her surviving spouse for the distribution of the 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 _____, 2013 in the County of _____,
State of _____.

Signature: _____

Witnessed by: _____
(Notary Signature and Seal)