

SPOUSAL WAIVER OF JOINT AND SURVIVOR ANNUITY

MEMBER'S NAME _____ CRS ACTIVE NO. _____

MEMBER SOCIAL SECURITY NO. _____

TO THE MEMBER'S SPOUSE:

A spouse of a vested Cincinnati Retirement System (CRS) Member is eligible for retirement benefits in a joint or survivor form from CRS. CRS requires that this retirement benefit be paid in a joint or survivor form unless both the Member and the spouse waive their respective rights in the joint and survivor form of benefit in favor of a single life form of benefit. A spouse who elects to waive their right to joint and survivor retirement benefits allows for the Member to opt for a single life form of benefit. Upon the Member's designation of a single life benefit, the Member's spouse will no longer be entitled to any retirement pension benefits upon the death of the Member, and all benefits, including healthcare, provided to the Member's spouse shall terminate upon the Member's death. By signing this retirement benefit waiver, I waive the joint and survivor form of benefit and I understand that no continuing retirement benefit nor healthcare coverage will be available to me from the Cincinnati Retirement System upon my spouse's death.

Printed Name of Member's Spouse

Signature of Member's Spouse

Date

State of Ohio } SS

Hamilton County }

On this _____ day of _____ 20____, before me personally appeared

_____ to me known, who being by me duly sworn, did say that he/she signed this document of his/her own free will and he/she understands the effect of signing this document.

 Notary Public

 Date

OR

SEAL

 Signature of Plan Official