

**AFFIDAVIT**

STATE OF \_\_\_\_\_

CITY OF \_\_\_\_\_

SSN: \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn under penalty of perjury depose and say:

1. I am a participant in the NATIONAL RETIREMENT FUND (the "Fund").
2. I am entitled to a retirement benefit from the Fund.
3. I have been advised by the Fund that my benefits will be paid in the form of Qualified Joint and Survivor Annuity or a Qualified Pre-retirement Survivor Annuity. I understand that under the Qualified Joint and Survivor Annuity my benefit will be reduced and the reduced benefit will be paid during my lifetime. Upon my death, my spouse, if living, will receive a benefit which is 50% of my reduced benefit for his/her lifetime. I understand that under the Qualified Pre-Retirement Survivor Annuity, upon my death prior to the commencement of my normal retirement annuity, my spouse will receive 50% of my reduced benefit for his/her lifetime.
4. I have been advised by the Fund that I may elect **not** to receive my benefit as either a Qualified Joint Survivor Annuity or a Qualified Pre-Retirement Survivor Annuity. The Fund has advised me that for this election to be effective, my spouse must consent to this election, **in writing**, before a Notary Public.
5. I have been advised that if such a valid election is made by my spouse and myself, the pension benefit will be paid as a lifetime annuity. Under this form of payment, my benefit will be paid at an unreduced amount for the remainder of my lifetime.
6. I have diligently attempted to contact and locate my spouse by having done the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

However, I have been unable to locate my spouse to request that he/she make the election to waive the Qualified Joint and Survivor Annuity or Qualified Pre-retirement Survivor Annuity.

7. Since I have, after diligent attempts, been unable to locate my spouse, I request that the Fund waive the requirement of having my spouse consent to my election not to receive my benefit in the form of a Qualified Joint and Survivor Annuity or Qualified Pre-Retirement Survivor Annuity. I understand that the Fund's waiver is only with respect to the spouse that I am unable to locate and does not apply to any future spouse. Further, if either I, or the Fund, locate my spouse, the Fund's waiver shall become null and void.
  
8. **I recognize that this affidavit is made under penalty of perjury, and I certify that the foregoing statements are true and correct. I understand that I will be liable to the National Retirement Fund for any benefits that may be due my spouse if I have not been truthful in my representation to the Fund. I recognize that I have an ongoing obligation to advise the Fund if I should locate my spouse at any time in the future.**

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NAME (PLEASE PRINT)

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SIGNATURE

DATE

**Sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_.

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**NOTARY PUBLIC**

**RETURN TO:  
NATIONAL RETIREMENT FUND  
333 Westchester Avenue N101  
White Plains, NY 10604**