



**CEMENT MASONS PENSION TRUST FUND FOR NORTHERN CALIFORNIA**  
1600 Harbor Bay Parkway, Suite 200, Alameda, CA 94502-3035  
Telephone: (707) 864-3300 or Toll-Free at 1-888-245-5005 \* Fax: (510) 545-4610  
Website: www.norcalcementmasons.org

## WAIVER OF INTEREST

in the  
Cement Masons Pension Trust Fund 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)

Cement Masons Pension benefits for \_\_\_\_\_ (SSN: XXX-XX-\_\_\_\_), which are  
(Participant's Name)

administered through the Cement Masons 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 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 \_\_\_\_\_, 2012 in the County of

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

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

Witnessed by: \_\_\_\_\_

(Notary Signature and Seal)