

Joint & Survivor Option Waiver

I am married or am a survivor to _____, a participant in the City of Marietta Retirement Plan who has elected a form of benefit payment other than a joint and survivor option. I agree with and consent to this election and understand that:

- I may not receive any benefits from the plan after my spouse's death; and
- This consent cannot be revoked.

Spouse's Signature: _____

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public

My Commission Expires