



# SPOUSAL WAIVER

**FORM  
303**  
(Rev. 2022)

**Purpose of the Form:** Use this form to indicate a spouse or California Registered Domestic Partner is waiving CCCERA survivor benefits.

**Instructions:** Complete form in blue/black ink and return to CCCERA. Submit original document only; fax/email copies will not be accepted.

### Employee

Full Name	Last 4 of Social Security Number	Employee #
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If you are legally married or a California Registered Domestic Partner, and have not designated your spouse or domestic partner as sole Beneficiary, your spouse must sign where indicated below. Also, a notary must witness his/her signature.

Under California and federal law, **a spouse is entitled to revoke a spousal waiver**. The waiver is revocable prior to the death of the participant or the spouse. If the waiver/designation is not revoked prior to the death of the participant or spouse, the waiver becomes valid and irrevocable.

### Spouse

I understand that I have not been named sole Primary Beneficiary and that in signing this document I have waived my right to receive the total benefits payable from this Plan in the event of my spouse's death.

Full Name	
Spouse Signature	Date – mm/dd/yyyy

### Notary – CALIFORNIA ALL PURPOSE ACKNOWLEDGEMENT

*A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.*

State of California )  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_  
*Date Here Insert Name and Title of the Officer*

personally appeared \_\_\_\_\_,  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Here*