

SPOUSAL WAIVER

FORM 303

(Rev. 2025)

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 documents only; fax/email copies will not be accepted.

Employee		
Full Name	Last 4 of Social Security Number	Employee #
If you are legally married or a California Registered Domestic Partner and have not designated your spouse or domestic partner as sole Beneficiary to receive a monthly continuance, your spouse must sign where indicated below. Also, a notary must witness his/her signature.		
Spouse		
I understand that by signing this document I have waived my right to receive the monthly continuance of benefits payable from this Plan in the event of my spouse's death.		
Full Name		
Spouse Signature	ſ	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)		
Onbefore me,		
	ert Name and Title of the Officer	
personally appeared, Name(s) of Signer(s)		
Nume(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 For the State of California that the strue and correct. WITNESS my hand and official	he foregoing paragraph
Place Notary Seal Here	SignatureSignature of Notary Public	