

ATTESTATION OF WAIVER OF BENEFITS



I, _____, (the Party) resident in the City of _____, County of _____, State of Minnesota, do hereby of my own accord, make, publish, and declare this document to be my Attestation of Waiver of Benefits, and hereby revoke any and all rights to the _____ (account holder) Voluntary Employees' Beneficiary Association (VEBA).

The Party hereby attests that:

1. The Party is the current named beneficiary on file and/or per stirpes beneficiary of record.
2. The Party agrees to waive any and all rights to the balance of _____ (account holder)'s VEBA balance.
 - a. Account Holder Name: _____
 - b. Account Holder SA#: _____
3. The Party hereby agrees to assign all rights to the balance of the account to the following:
 - a. Revert back to the VEBA Trust: _____

Or assign to:

- b. Name: _____
- c. Relationship to Account Holder: _____
- d. Current Address: _____

- e. SSN: _____
- f. Date of Birth: _____

The Party shall indemnify and hold Further and its subsidiaries, affiliates, and their respective officers, directors, employees, agents, contractors, successors and assigns (collectively, the "Further Indemnitees") harmless from and against any and all losses, liabilities, damages, expenses, injuries, attorney fees and court costs, claims, and any other costs or obligations of any kind arising from the indemnifying Party's Attestation of Waiver of Benefits.

Signature: _____

Print Name: _____ Date: _____

In the County of _____, State of _____, on this _____ day of _____, 20____, before me the undersigned Notary Public personally appeared _____, personally known to me, proved to me through the documentary evidence, or identified by a credible witness to be the person named in the foregoing, and executed the same.

Notary Signature: _____

Notary Print Name: _____

My Commission Expires: _____ Date: _____