

**REVOCATION OF FORMER SPOUSE OPTION  
FORM AND INSTRUCTIONS**

**Part I. To be completed by the Participant.**

To comply with the rules governing the revocation of the former spouse option election available under Section 5.03(a) of The Church Pension Fund Clergy Pension Plan (the "Plan"), I understand that this revocation form must be signed, notarized, and returned to the Plan Administrator prior to my Benefit Commencement Date (as defined in the Plan) to be effective. In connection with this revocation, I have read the reverse side of this form.

I hereby elect to revoke the special election available under Section 5.03(a) of the Plan. I understand that this revocation eliminates the benefit payable to my former spouse upon my death. By revoking the election under Section 5.03(a) of the Plan, I understand that the benefit payable to me will be increased to reflect the cost of the election. I understand that this revocation will only take effect if my former spouse consents, as evidenced below.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Participant)

**ACKNOWLEDGEMENT**

State of \_\_\_\_\_:

SS:

County of \_\_\_\_\_:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same.

[Notarial Stamp or Seal] \_\_\_\_\_

**Part II. To be completed by the Former Spouse.**

To comply with the rules governing the revocation of the former spouse option election available under Section 5.03(a) of the Plan, I hereby agree to the revocation of the election. I understand that this revocation eliminates the benefit payable to me upon my former spouse's death. I understand and acknowledge that I am not obligated to sign this form, and I do so freely and voluntarily. I have read the reverse side of this form.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Former Spouse)

**ACKNOWLEDGEMENT**

State of \_\_\_\_\_:

SS:

County of \_\_\_\_\_:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same.

[Notarial Stamp or Seal] \_\_\_\_\_

**(SEE REVERSE SIDE)**

**GENERAL RULES GOVERNING THE REVOCATION OF SPECIAL ELECTIONS UNDER  
SECTION 5.03(a) OF THE PLAN**

1. A former spouse option election (FSO election) is available only for a Participant who becomes legally divorced after having acquired, during his/her marriage, 10 or more years of Credited Service as determined under the Plan.
2. An FSO election made by an eligible Participant shall be revocable if agreed to by the former spouse. A former spouse shall not be obligated to agree to any such revocation. Such revocation must be made prior to the commencement of retirement benefits under the Plan.
3. Once revoked, no survivor's benefit shall be payable to the former spouse, unless the participant has named the former spouse the beneficiary of any other survivor's benefits payable under the Plan.
4. This revocation must be filed with the Plan at the following location in order to be effective:

The Church Pension Fund  
Attn: Pension Services  
19 East 34<sup>th</sup> Street  
New York, NY 10016

*Please note that this election form is provided to you for informational purposes only and should not be viewed as investment, tax or other advice. In the event of a conflict between the information contained in this form and the official plan document, the official plan document will govern. The Church Pension Fund and its affiliates retain the right to amend, terminate or modify the terms of any benefit plans described in this form at any time, without notice and for any reason.*

Last updated: June 2013