

Sample Qualified Disclaimer Form

I, _____ (DISCLAIMANT), in accordance with the provisions of Section 2518 of the Internal Revenue Code and Chapter 739 of the State of Florida, do hereby irrevocably disclaim my interest in any and all property (OR A PARTIAL DISCLAIMER - _____ ENTER THE PARTIAL AMOUNT, IF APPLICABLE) passing under Section ____ of the _____ (NAME OF QUALIFIED PLAN) of _____ (NAME OF PARTICIPANT), deceased on _____ (DATE OF DEATH), said disclaimed property being more particularly described as follows:

(DESCRIPTION OF QUALIFIED PLAN AND DEATH BENEFIT)

(DISCLAIMANT OR DISCLAIMANT'S LEGAL REPRESENTATIVE)

THE STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on the _____ day of _____, 20__ by (DISCLAIMANT OR DISCLAIMANT'S LEGAL REPRESENTATIVE).

Notary Public in and for the
State of _____

I received this disclaimer on the _____ day of _____, 20__.

PLAN ADMINISTRATOR