

WATERFRONT NY REALTY CORP.. 401(K) PLAN

WAIVER OF PARTICIPATION

Waterfront NY Realty Corp. 401(K) PLAN		Attn: Thomas K. McNeill 200 Atlantic Ave. Manasquan, NJ 08736	
Participant Name:		Social Security Number:	
Phone Number (not required):	Date of Birth:	Date of Hire:	
Street:	City:	State:	Zip Code:

I, the undersigned, understand the following consequences of signing this waiver:

I am waiving my right to participate in the 401(k) Plan.

This waiver will also apply to any employer contributions that my employer may share with the employees of the company. I understand that I will not be entitled to share in any employer contributions.



Participant Signature

Date

Trustee/Authorized Signature

Date