

*Important: Do not submit this form unless the Plan has made a preliminary determination that your order is a QDRO.*

## WAIVER OF RIGHT TO CONTEST QUALIFICATION OF DOMESTIC RELATIONS ORDER

Your name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
Print Name

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

I am the (check one):  Participant  Alternate Payee

If you are the Alternate Payee, what is the Participant's name? \_\_\_\_\_

I certify the following is true:

1. I received, read, and understand the Costco 401(k) Retirement Plan's ("Plan's") Procedures for Processing Domestic Relations Orders.
2. The Plan made a preliminary determination that the order filed on \_\_\_\_\_ ("Order") is a Qualified Domestic Relations Order ("QDRO") under the terms of the Plan and applicable federal law. The Order awards benefits from the Participant's Plan account to the Alternate Payee. I understand the preliminary determination will generally become final unless a written objection is received by the Plan within 30 days of the preliminary determination letter.
3. I agree with the determination that the Order is a QDRO, including any interpretations of the Order described in the preliminary determination letter, and I am requesting the 30-day objection period be waived. I will not take any action to amend or challenge the Order or otherwise claim that the Plan's preliminary determination or interpretation of the Order is incorrect.
4. I understand that if the Plan accepts this waiver request, the preliminary determination will immediately become final and irrevocable, and the Order will be processed as soon as administratively practicable. As a result, money will be transferred from the Participant's account to the Alternate Payee's account pursuant to the Order and any interpretations of the Order described in the preliminary determination letter.
5. I agree to defend, indemnify, and hold harmless Costco, the Plan, the Plan Administrator, and their fiduciaries, employees, representatives, and assignees, from and against any and all losses, liabilities, judgments, costs, fees (including attorney's fees) and expenses arising out of or connected with any claim asserted by any person or entity seeking money, benefits, equitable remedies, indemnity, and/or damages related in any way to the facts, circumstances, or assertions contained in this form.
6. **If I am the Alternate Payee, I understand that I cannot waive the 30-day period unless I first make an investment election by calling T. Rowe Price at (855) 733-4758.** I understand

