

Waiver of Entitlements Statement

I, , hereby acknowledge and confirm that I have been fully informed of my entitlements. I freely and voluntarily waive my right to the following entitlements:

- ☐ Annual leave
- ☐ Final pay
- ☐ Health benefits
- ☐ Other (please specify):

Reason for waiving entitlements:

I declare that I understand the consequences of this waiver and that I have been given the opportunity to seek independent advice before signing this statement.

Signature: Date: