

Waiver of Entitlements Statement

I, [REDACTED], 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): [REDACTED]

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: [REDACTED] Date: [REDACTED]