

# Spousal Consent to Distribution

*This form is required if your spouse's account balance is greater than \$5,000 and s/he is not electing to receive the distribution in the form of a Qualified Joint & Survivor Annuity (QJSA).*

## Contact Information

\_\_\_\_\_  
**Plan Name** (Spouse's Former Employer)

\_\_\_\_\_  
**Participant Name** (Last, First Middle)

\_\_\_\_\_  
**Participant SSN**

\_\_\_\_\_  
**Your Name**

\_\_\_\_\_  
**Your SSN**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Your Date of Birth**

\_\_\_\_\_  
**City, State & Zip**

\_\_\_\_\_  
**Daytime Phone**

## Certification

I, \_\_\_\_\_, the spouse of the above Participant, hereby consent to the waiver of the joint and survivor annuity and to the timing and form of the distribution elected on this form. I certify that I understand the terms of the joint and survivor annuity described in the plan and explained to me in a notice furnished online (by the Plan Administrator), my right not to consent to this waiver of election, the time period during which my spouse and I may make this waiver election, and the financial effect of the election not to receive benefits in the joint and survivor annuity form. I understand that my consent is irrevocable unless my spouse revokes the waiver election. I understand that I must make a similar consent to any change in the form of benefit election, or my waiver is no longer effective, unless my spouse elects to receive the qualified joint and survivor annuity.

\_\_\_\_\_  
 Spouse Signature

\_\_\_\_\_  
 Date

## Witness to Spousal Consent

*The Spousal Consent above must be witnessed by either the Plan Administrator or a Notary Public.*

**Plan Administrator.** Signature of spouse witnessed on \_\_\_\_\_ . Signature: \_\_\_\_\_

—OR—

**Notary Public.** Before me, the undersigned Notary Public for the state of \_\_\_\_\_, personally appeared the spouse listed above who executed the Spousal Consent as a free and voluntary act. In witness whereof, I have signed my name and affixed my official notarial seal.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Commission Expiry Date

### RETURN THIS SIGNED FORM TO:

Randall + Hurley  
 ATTN: Participant Services  
 1328 N. Whitman Ln | Liberty Lake, WA 99019

Email: [help@randall-hurley.com](mailto:help@randall-hurley.com)

Fax: (509) 838-1388