

SPOUSAL CONSENT FORM



Plan Name: _____

Participant Name: _____

SPOUSAL CONSENT TO DISTRIBUTION

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 with this distribution packet (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 no longer is effective, unless my spouse elects to receive the qualified joint and survivor annuity.

I have executed this election this _____ day of _____, _____.

Signature of Spouse

WITNESS TO SPOUSAL CONSENT

The consent above must be witnessed by either the Plan Administrator or a Notary Public.

Plan Administrator

Signature of spouse witnessed this _____ day of _____, _____.

Plan Administrator

Notary Public

Before me, the undersigned, a Notary Public, personally appeared _____ who executed the above Consent of Spouse as a free and voluntary act.

In witness whereof, I have signed my name and affixed my official notarial seal this _____ day of _____, _____.

Signature

Notary Public for the State of _____ residing in _____.
My Commission Expires: _____

State of _____ }
County of _____ } :ss