

## Spousal Consent for a Distribution Other Than a Qualified Joint and Survivor Annuity

I certify that I, as the spouse of the Participant named below, consent to the manner of benefit payment selected on the Benefit Election, Distribution and Withholding Election Form and waive any and all rights I may have otherwise received under the Plan had such distribution been paid in the form of a Qualified Joint & Survivor Annuity.

I certify that I understand the terms of the Joint & Survivor Annuity, my right not to consent to this distribution and the financial effect of my not receiving benefits in the form of a Qualified Joint & Survivor Annuity.

I understand that my spouse cannot waive the Qualified Joint & Survivor Annuity without my consent. Once I give my consent to my spouse's waiver of the Qualified Joint & Survivor Annuity, I cannot withdraw or revoke my consent.

The Qualified Joint & Survivor Annuity entitles me to receive benefits on my spouse's death which I will lose if I consent to this waiver and my spouse receives his or her benefits in another form.

We hereby swear that this form is being executed under our own free will and with complete understanding of the benefits available to us.

\_\_\_\_\_  
Form of Payment

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Name (Print)

\_\_\_\_\_  
Witness' Signature (Trustee/Plan Administrator or Notary Public)

\_\_\_\_\_  
Date

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### **CERTIFICATION OF MARTIAL STATUS IF UNMARRIED**

As the Participant named below, I hereby certify that I am not married and that spousal consent is not required on my behalf. I understand the Retirement Equity Act (REA) requires that spousal consent be provided if I am married and hereby swear that such requirement is not applicable to me.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature (Trustee/Plan Administrator or Notary Public)

\_\_\_\_\_  
Date