



# SPOUSAL CONSENT FORM

PLAN NAME: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

I understand that my spouse has chosen not to name me as his/her sole primary beneficiary. I also understand that if I do not sign this Spousal Consent, I will be treated as my spouse's sole primary beneficiary under the plan.

By signing this Spousal Consent, I hereby consent to my spouse's designation of the person(s) named to the beneficiary form as my spouse's primary and contingent beneficiaries. I acknowledge that by consenting I am forgoing all rights to any survivor benefit under the Plan (except to the extent I am listed as one of the contingent beneficiaries).

By signing this Spousal Consent, I certify that, as of the date set forth below, I am legally married to the Participant whose appears on this form.

\_\_\_\_\_  
Print Name of the Participant's Spouse

\_\_\_\_\_  
Signature of the Participant's Spouse

\_\_\_\_\_  
Date Signed

## Witnessed By:

State of \_\_\_\_\_, County of \_\_\_\_\_.

On this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared, known ( or satisfactorily proven) to me to be the person whose name is subscribed to the Spousal Consent and acknowledged that he or she executed the same for the purpose therein contained. In witness and whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

**THIS SPOUSAL CONSENT MUST BE WITNESSED BY A NOTARY PUBLIC OR YOUR COMPANY'S PLAN ADMINISTRATOR.**

**THIS SPOUSAL CONSENT IS NECESSARY IF YOU APPOINT ANYONE OTHER THAN YOUR SPOUSE AS THE BENEFICIARY.**