
SPOUSAL CONSENT FORM

The following must be completed by your spouse if a person other than your spouse is the named beneficiary.

I, _____, swear that I am the legal spouse of the above Plan participant. I hereby consent to my spouse naming the beneficiary listed on the reverse side of this form to receive my spouse's survivor's benefit. If my spouse dies before retirement and before my spouse qualifies for early retirement, I understand by this consent that I cannot unilaterally revoke this designation and that I will not be paid a survivor's benefit.

Spouse's Signature: _____ Date: _____
(Signature must be witnessed by a Notary Public or a Plan Representative)



TO BE COMPLETED BY A NOTARY PUBLIC

State of _____, County of _____
On _____, 20____, before me, a Notary Public of said State, duly commissioned and sworn, personally appeared _____, known to me (or proved to me on the basis of satisfactory evidence of _____) to be the person whose name is subscribed above and acknowledged that the person executed this consent.

Notary Public in and for the said State

Commission Expiration Date



TO BE COMPLETED BY PLAN REPRESENTATIVE

Signature of spouse witnessed this _____ day of _____, 20____ in the presence of: _____
Plan Representative Signature

Form of I.D.

Print Name

THE INFORMATION REQUESTED ON THIS FORM MUST BE COMPLETED AND THEN BE ON FILE WITH THE TRUST'S ADMINISTRATOR IN ORDER TO BE VALID. PLEASE RETURN THIS FORM TO THE ADDRESS BELOW: