
CONSENT OF SPOUSE

Plan Name

Participant Name: _____

I, the undersigned spouse of the Participant named above, hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary specified in the election made in the attached "Designation of Beneficiary". Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. I hereby acknowledge that I understand the following:

- (1) that the effect of such designation is to cause the death benefit to be paid to a beneficiary other than myself;
- (2) that the beneficiary designation is not valid unless I consent to it; and
- (3) if elected herein, that my consent is irrevocable unless my spouse revokes the beneficiary designation.

If my spouse changes the designation (Choose (a) or (b)):

- a) I understand I must file a similar consent to the new designation, or my consent is no longer effective.
- b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary(s) named on my spouse's "Designation of Beneficiary" form by checking box (a) on this form.

Signature of spouse of Participant

Date

Spousal consent **MUST** be witnessed by a Notary Public **OR** an Authorized Company Representative.

WITNESS OF SPOUSAL CONSENT

Witnessed by a Notary Public -OR

Witnessed by an Authorized Company Representative.

Subscribed and sworn before me this ____ day of _____, _____

SIGNED _____

Notary Public _____ Date _____

State of _____

My commission expires _____