

# SPOUSAL CONSENT FORM

Plan Name		
Participant Name	SS#	Date of Birth
Address	Home/Cell Phone	Business Phone
City, State Zip	Email	



## MARRIED PARTICIPANT

I understand that I must elect my spouse as sole Primary Beneficiary under this plan unless he/she consents in writing to my naming another Primary Beneficiary. **Spousal Consent Section must be completed if your spouse is not your 100% Primary Beneficiary.**

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

## SPOUSAL CONSENT

### ***THIS SPOUSAL CONSENT SIGNATURE MUST BE WITNESSED BY NOTARY***

I understand that my spouse has chosen not to name me as his/her sole primary beneficiary of the plan mentioned above. 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 on 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.

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

Spouse Name (print): _____	Social Security: _____
Address: _____	Home Phone: _____
City, State, Zip _____	
Signature of Participant's Spouse: _____	Date Signed: _____

## WITNESSED BY NOTARY:

Notary Name (print): \_\_\_\_\_ Affix Notary Seal

Signature: \_\_\_\_\_ :