

**WAIVER OF QUALIFIED JOINT AND SURVIVOR BENEFITS  
BY PARTICIPANT'S SPOUSE**

Participant's Name: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge that I have read the Notice of Qualified Joint and Survivor Annuity and understand its terms.

I consent to waive the Qualified Joint and Survivor Annuity as the normal form of benefit and will, with my spouse, elect another benefit payment option.

I further acknowledge that (1) the effect of such waiver may result in no survivor benefits being paid to my surviving spouse and (2) that my consent is irrevocable unless my spouse revokes this waiver in the future.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

Witnessed by:

\_\_\_\_\_ Plan Representative

Executed: \_\_\_\_\_ of \_\_\_\_\_)

County of \_\_\_\_\_)

I, \_\_\_\_\_, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me came \_\_\_\_\_, to me known to be the person whose name is subscribed above, and that he/she did in my presence execute the Spousal Consent and Waiver, having acknowledged to me that he/she did so as a free and voluntary act.

( \_\_\_\_\_ )  
( \_\_\_\_\_ )  
( \_\_\_\_\_ )  
( SEAL \_\_\_\_\_ )  
( \_\_\_\_\_ )  
( \_\_\_\_\_ )  
( \_\_\_\_\_ )

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

My Commission Expires: \_\_\_\_\_