

# ***SPOUSAL CONSENT FORM***

Plan Name: \_\_\_\_\_ Group#: \_\_\_\_\_

Participant Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Distribution or Loan requested date: \_\_\_\_\_

**NOTE: Spouse may either take this form to a Notary Public OR sign the form with the Plan Administrator as a witness:**

I hereby certify that I am the spouse of the above named participant and that I consent to the distribution or loan request submitted for approval. I also understand that by consenting to this distribution or loan request, I waive all rights to arranged payments I would have been entitled to upon the Participants death, with respect to the distribution or loan requested. I further understand that this consent is irrevocable.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Notary Public Certification:

State of \_\_\_\_\_, County of \_\_\_\_\_. The spouse whose signature appears below is either known to me or proved to me on the basis of satisfactory evidence to be said person, and acknowledged to me that he/she executed the same in his/her authorized capacity, and signed this document as a free and voluntary act.

Witness my hand and official seal: \_\_\_\_\_ SEAL

My commission expires: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_