Plan Name _	
Plan #	

Spousal Consent Form

1. Employee Identification	Please Print	
This form must be comple	eted in its entirety or your request w	vill be rejected.
Name:		
Last	First	Middle Initial
Home Address:		
Hollie Address.		
	04-4-	
City Social Security Number D	State State Date of Birth MM-DD-YYYY	Zip Home Phone Number
2. Unmarried Participant Information:		
□ Not Applicable – Participant must complete Section 3	holow	
□ Not Applicable – Participant must complete Section 3 □ Certification: I hereby represent that I am not legally ma abandoned, you are treated as unmarried, and should	arried, or that I am legally separated or	abandoned. Note: If you are legally separated or
Signature of Participant		Date
3. Married Participant Information:		
□ Not Applicable – Participant must complete Section 2	above.	
□ Spousal Consent: If you are married this section mus	t be completed.	Spouse's Social Security Number
I hereby represent that I am legally married to the request for a distribution and/or loan, as applicable, r		
I understand this consent applies to all distributions a	and/or loans taken by my spouse durir	ng such period.
I understand that if my spouse takes a distribution of failure to repay or default will be the reduction of n rights to certain survivor benefits to which I may be e	my spouse's account under the Plan.	
Spouse's Signature	Print Spouse's Name	Date
Witness to Spousal Consent: I have witnessed the sign This person presented satisfactory evidence to prove his/her id		is form as spouse on the date indicated above.
Notary Public		
State Co	ounty	Date
In addition to signing here, notaries	s may attach a standard form of ackno	wledgment if they wish.
4. Participant's Signature and Certification		
My signature will serve as certification that all the information p	provided on this form is accurate.	
Participant's Signature		Date

Please return this form via <u>Overnight</u> or US Mail to: Merrill Lynch Retirement & Benefit Plan Services 1400 American Boulevard Mail-Stop NJ2-140-03-50 Pennington, NJ 08534

After returning this form to Merrill Lynch, you must call the Participant Service Center to provide verbal authorization to process your transaction. If you neglect to do so, your transaction will not be processed.

This form is only valid for 180 days from the date of the Notary and applies to one distribution or loan.

Unmarried Participants ONLY, may fax form to (609) 964-4198 or (609) 964-4196

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