

SPOUSAL CONSENT
Designation of Nonspousal Beneficiary
With Revocation and Limitation Elections

Plan Name _____

Participant _____

Participant's Spouse _____

I, the undersigned Spouse of the above named Plan Participant, do hereby give my consent to the designation by my Spouse of the Primary Beneficiary(ies) named in the attached Beneficiary Designation, which is dated _____, and to the designation by my Spouse of the Secondary Beneficiary(ies) named in the attached Beneficiary Designation as the Primary and Secondary Beneficiaries, respectively, to receive any benefit becoming payable by reason of the death of my Spouse. I also consent to the payment of death benefits to such Beneficiaries in any form provided by the Plan. I have initialed each designation of beneficiary on the attached form.

I understand that, if this consent is in effect at the time of my Spouse's death, I have waived (given up) any claim to any right I might then have to any benefit under the Plan payable due to my Spouse's death, except to the extent that my Spouse may name me specifically as a Beneficiary herein. I also understand that, had I not given this consent, I would have had a right protected by law (subject to the provisions of any applicable qualified domestic relations order in favor of another person) to benefits payable in the event of the death of my spouse if my Spouse dies while married to me.

Check the applicable options and initial your selection (must check at least one):

- This consent and waiver is my free and voluntary act. By giving this consent, I am voluntarily relinquishing my right to limit my consent to a specific form of benefits. I intend the consent and waiver set forth herein to continue to be effective in the event of my incompetency.
- This consent and waiver is my free and voluntary act. By giving this consent, I am not relinquishing my right to limit my consent to a specific form of benefits. Any change in the form of benefit must be consented to by me. I intend the consent and waiver set forth herein to continue to be effective in the event of my incompetency.
- I understand that I have the right to revoke this consent and waiver by delivering to the Plan Administrator, on forms satisfactory to such Plan Administrator, a written revocation of this consent and waiver, provided however, that to be effective, such revocation must be delivered before the death of my Spouse. Upon the death of my Spouse, the consent and waiver contained herein, if not previously revoked, shall be irrevocable.
- I understand that I CANNOT REVOKE this consent, and that, by executing this consent, I am voluntarily relinquishing my right to limit this consent to a specific Beneficiary or to a specific form of benefits.

Participant's Spouse

_____ of _____

(seal)

County of _____

I, _____, a Notary Public in and for the County of _____,
State of _____, do hereby certify that on this _____ day of _____,
20_____, 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 _____