

QP/403(b) Participant Distribution Consent of Spouse Form

This form may be used to obtain your spouse's consent to a distribution in a form other than a joint and survivor annuity. Please be advised that no handwritten notes or instructions will be accepted or considered when this form is processed. Contact your plan administrator if you have any questions.

PARTICIPANT INFORMATION

Social Security Number _____

First Name _____ Last Name _____

Email Address _____

AUTHORIZATION

Participant Consent To Distribution

I certify that I have read and understand the information about Qualified Joint and Survivor Annuities on the *Distribution Notice*. I understand that benefits will be paid to me in the form of a Qualified Joint and Survivor Annuity unless I waive that form of payment. I understand that if I am married, my spouse must also consent to the waiver. I hereby elect to waive the Qualified Joint and Survivor Annuity type of payment.

Name of Participant _____

Participant's Signature _____ Date _____

Spousal Consent To Waiver Of Qualified Joint And Survivor Annuity

I certify that I am the spouse of the participant named above. I acknowledge that I have read and understand the Explanation of Benefit Payment Options, which explains my right to have all payments from the plan made in the form of a Qualified Joint and Survivor Annuity. I hereby consent to my spouse's election not to have benefits under his or her plan paid in the form of a Qualified Joint and Survivor Annuity. I understand that by consenting to my spouse's waiver, I may be forfeiting benefits I would be entitled to receive when my spouse dies. (I also understand that my consent cannot be revoked unless my spouse revokes his or her waiver.)

Name of Participant's Spouse _____

Participant's Spouse Signature _____ Date _____

WITNESS

Witness of Signature

The signature of the spouse must be witnessed by a notary public in accordance with applicable state law or signature guarantee as required.

Name of Notary Public/Signature Guarantee _____

Signature of Notary Public/Signature Guarantee _____ Date _____

Authorized Plan Representative Use Only

NOTE: Please be advised that the participant and their spouse must be provided with an opportunity to revoke their waiver elections set forth on this form. Therefore, any distribution forms that are submitted in conjunction with this form should not be processed until seven days following the receipt of this fully executed form. This form is for your files. Please do not forward this form to Ascensus.