#10106 (12/2007)

QP/401(k) 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.

PARTICIPANT INFORMATION	Social Security Number
INFORMATION	First Name Last Name
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.
	Participant's Signature Date
	If you are not married, certify here:
	Spousal Consent To Waiver Of Qualified Joint And Survivor Annuity I am the spouse of the participant named above. 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.) I acknowledge that I have received written notice, which I have read and understand, of my right to require my spouse's benefits to be paid in the form of a joint and survivor annuity.
	Participant's Spouse Signature Date
WITNESS	Witness of Signature The signature of the spouse must be witnessed by a notary public or signature guarantee as required. The signature of a witness is not require for an unmarried participant.
	Notary Public/Signature Guarantee Date
	Plan Administrator Use Only NOTE: This form is for your files. Please do not forward this form to Ascensus.