

Participant Information	
Participant Name:	Social Security Number:
Plan Name:	Plan Number:
Participant Signature and Marital Status	
Marital Status	
<ul> <li>Married.</li> <li>If you are married, your retirement benefits will be paid to you Annuity with your spouse as the contingent annuitant, unless annuitant other than your spouse or if you select an option of spouse must agree with your selection in writing. Your spouse representative or Notary Public. Your spouse's signature dem understands the effect of this election and forfeits all rights to lif you elect an alternative option in lieu of a Qualified Joint at annuitant other than your spouse, and do not obtain your spouse In that case, your benefits will be paid as a Qualified Joint an annuitant.</li> <li>Married but unable to locate my spouse.</li> <li>If you are married and cannot locate your spouse, spousal cobe witnessed by a plan representative. Your plan representation.</li> <li>Unmarried.</li> </ul>	s you elect otherwise. If you designate a contingent other than the Joint and Survivor Annuity, your se's signature must be witnessed by a plan constrates that your spouse consents to and to a survivorship annuity.  In a Survivor Annuity or if you designate a contingent couse's consent, your election will NOT be effective. In a Survivor Annuity with your spouse as contingent consent is not required; however, your election must
Participant's Printed Name Participant's Signatu	ure Date
Witnessed by:	
Plan Representative's Signature	Date
Spousal Consent	
I hereby consent to the election by my spouse to waive my right to a Qualified Joint and Survivor Annuity for the amount indicated below. Further, I acknowledge that I understand (1) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver. I have participated in my spouse's decision to waive coverage under the Qualified Joint and Survivor Annuity form of benefit for the portion distributed now, and my action as set forth herein is voluntary and freely taken on my part.  Amount of withdrawal/distribution I am approving: \$ or \[ \sum Maximum amount available up to 100\% of the vested account balance. If the amount is not specified or the box checked, maximum amount available will be assumed for consent.	
Consumer's Designate of Manage	D-4-
Spouse's Printed Name Spouse's Signature	Date
Witnessed by:	Date
•	Date  Date
Witnessed by:	
Witnessed by:  Plan Representative's Signature	Date LIC MUST WITNESS.
Witnessed by:  Plan Representative's Signature  IF NOT WITNESSED BY PLAN REPRESENTATIVE, NOTARY PUBI	Date  LIC MUST WITNESS.