



## SPOUSAL CONSENT FORM

*Use this form if your plan or state requires spousal consent for distributions.*

Plan Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Last First M.I.

Social Security Number: \_\_\_\_\_

### Certification for Non-Married Participants

I certify that I am not legally married and that spousal consent is not required.

Signature of Non-Married Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

### Certification for Married Participants

I, \_\_\_\_\_ (name of Participant's spouse), am legally married to \_\_\_\_\_ (name of Participant). I agree that my spouse can receive this withdrawal as described on their investment company's Rollover/Withdrawal form and in compliance with all applicable Federal and State regulations governing such distributions. I understand that I do not have to sign this agreement and I do so on a voluntary basis.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

### Witnessed by Notary:

The spouse whose signature is above and who is known to me to be such spouse has affirmed such signature in my presence as his or her free and voluntary act.

Given under my hand and notary seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ State of: \_\_\_\_\_ County of: \_\_\_\_\_

The date the commission of the Notary Public expires: \_\_\_\_\_