

Spouse's Consent Form of Benefit:

I hereby approve of, and consent to, the payment option elected by my spouse as provided above. I understand that benefits in excess of 0 must be paid in the form of a joint and 50% survivor annuity unless I consent to a different form of payment as provided above.

Signature of Spouse

Executed:

_____ of _____

County of _____

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

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Notary Public

My Commission Expires: _____

Certification if no Spouse:

I hereby certify that I am not now married and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.

Participant's Signature

Executed: _____ of _____)

County of _____)

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

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Notary Public

My Commission Expires: _____