

# Consent of Spouse

• Please check with your plan administrator to determine whether spousal consent is required.

Name of participant	Social security number
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## Section A - Marital Status - If you are in the process of divorce, you are still considered married.

- I am not married - Proceed to Section E.  
 I am married - Proceed to Section B.

## Section B - Spousal Information

- My spouse cannot be located - Proceed to Section E.  
 My spouse and I are legally separated and I have a court order to that effect - Proceed to Section E.

**Note:** A qualified domestic relations order may require you to obtain your spouse's consent.

- My spouse has abandoned me and I have a court order to that effect - Proceed to Section E.  
 My spouse consents to this loan - *If checked, your spouse must complete Section C and a notary public or your plan administrator must complete Section D.*

## Section C - Spousal Consent

I understand that my spouse,  has applied for a loan for \$

under the Plan (the "Plan")

and that this loan is secured by my spouse's vested accrued benefit under the Plan. I further understand that a failure to repay the loan may reduce the benefits otherwise available to my spouse and me under the Plan upon my spouse's retirement or other termination of employment. I voluntarily consent to my spouse's loan application according to the terms of the attached loan documents and the granting of the security interest in my spouse's vested benefit under the Plan as provided under the Promissory Note and Irrevocable Pledge and Assignment. I agree to release the Trustee, Plan Administrator and The Manufacturers Life Insurance Company (U.S.A.) from all liability for acting pursuant to this consent.

Signed at	City	State	This	Day of	Year
Signature of spouse			Name		

## Section D - Witness of Spousal Consent - To be completed by Notary Public or Plan Administrator.

State of  County of

On  before me,

personally appeared

- personally known to me OR  
 proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons or entity upon behalf of which the person(s) acted executed the instrument.

WITNESS my hand and official seal

Signature of notary public/plan administrator
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## Section E - Participant Certification

By signing below, I hereby certify that the above information is true and correct.

Signed at	City	State	This	Day of	Year
Signature of participant			Name		