

Return to the Service Center with Documentation

Waiver of Qualified Joint & Survivor Annuity

Explanation of Qualified Joint and Survivor Annuity

The Plan's Qualified Joint and Survivor Annuity is the 50.00% Joint & Survivor Annuity. This form of payment provides a level monthly payment to you for your lifetime. Following your death, your joint annuitant will receive 50% of the payment you were receiving prior to your death for the remainder of his or her lifetime. No additional benefits are payable upon the death of your joint annuitant.

If you are married, your benefit will be paid to you in the form of the Qualified Joint and Survivor Annuity unless:

- You elect another form of payment;
- Your spouse consents to your election of another form of payment;
- Your spouse consents to your designation of another beneficiary, if applicable; and
- Your spouse's consent is witnessed by a notary public.

Personal Information

Full Name (Please Print): _____

Date: _____

Company: _____

Please enter the company you are retiring from

Statement of Applicability

Select one of the following:

- I am not required to provide Spousal Consent because either I am not married or I have elected the Qualified Joint and Survivor Annuity (or another joint and survivor form of payment with a continuation percentage of at least 50%) with my spouse as the designated beneficiary.
- I am required to provide Spousal Consent because I am married and have elected a form of payment **other than** the Qualified Joint and Survivor Annuity (or another joint and survivor form of payment with a continuation percentage of at least 50%) with my spouse as designated beneficiary. **If you check this box, your spouse must complete the Spousal Consent section on the next page.**

You can use RetirementFocus.com to submit any required documentation by selecting My Uploads from the top menu bar. Follow the instructions to securely send your documents to the Retirement Focus Service Center. Be sure that you see the message "File has been uploaded successfully" to ensure you have uploaded correctly.

To return forms by mail, please send all applicable forms to the following address:

Defined Benefit Service Center
P.O. Box 68099
Schaumburg, IL 60168-0099

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Spousal Consent to Waiver of Qualified Joint and Survivor Annuity

By signing below, I certify that I am the spouse of the participant, that I have reviewed the benefit payment options available to my spouse, and that I understand the following:

- If the joint and survivor annuity forms of payment shown are not based on my date of birth, I have the right to review forms of payment based on my date of birth by having my spouse request a new Benefit Payment Kit.
- I have the right to refuse to consent to my spouse's election of a form of payment other than the Qualified Joint and Survivor Annuity (or another joint and survivor form of payment with a continuation percentage of at least 50%) .
- I have the right to refuse to consent to my spouse's designation of another person as beneficiary.
- If I do not consent to this waiver, the Plan will pay my spouse's benefit in the form of a Qualified Joint and Survivor Annuity, and I will be entitled to a survivor benefit as described, if I survive my spouse.
- My consent to this waiver means that I will not receive payments under the Qualified Joint and Survivor Annuity to which I would otherwise be entitled, if I survive my spouse.
- My consent to this waiver is irrevocable.

I hereby consent to my spouse's form of payment election on the Benefit Payment Options Form, my spouse's designated beneficiary election (if applicable) named in the Designation of Beneficiary for Annuity Payment, and waive my right to the Qualified Joint and Survivor Annuity.

Full Name (Please Print): _____

Spouse's Signature: _____

Witness of Notary Public or Plan Representative

I certify that the person named above personally appeared and presented identification (or was known) to me, signed or marked and dated this form in my presence, and acknowledged that the consent was freely given on this the _____ day of _____, 20____.

X _____
Notary Public or Plan Representative Signature

Notary Public or Plan Representative Printed Name

Expiration Date of Notary Commission



(Notary Seal)