Group Life Insurance Beneficiary Designation Form

Spousal Waiver Consent

As the spouse of the Participant, I consent to the Primary Beneficiary designation made on all group life insurance plans and acknowledge that by doing so:

A) I am waiving any rights I may have to be the sole Primary Beneficiary.
B) This consent is irrevocable unless the Participant revokes or otherwise changes the Primary Beneficiary Designation.

__________________________  ____________________________
Name of Employee (print)     Name of Spouse (print)

__________________________  ____________________________
Signature of Employee        Signature of Spouse

__________________________  ____________________________
Date                       Date

This Spousal Waiver Consent must be signed in the presence of a Notary Public who is to complete the following:

Subscribed before me this _____________ day of _______________ 20__.

Notary Public ________________________________

County ________________________________

My Commission expires: ________________________________