

SPOUSAL CONSENT

(Required if primary beneficiary is other than spouse)

I certify that I am the spouse of _____ . I further certify that I have read the Beneficiary Designation of my spouse, fully understanding that if my spouse has designated someone other than myself to receive benefits under the Plan in the event of my spouse's death, the effect of signing this consent may be to eliminate or reduce any benefits to which I might otherwise be entitled as a surviving spouse under ERISA.

Date

Signature

Witnessed by: _____
Authorized Plan Representative

OR

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public, State of _____

My commission expires _____