City of Escanaba
PO Box 948 • 410 Ludington St • Escanaba, MI 49829-0948
(906)786.0605
www.escanaba.org

# Spouse Waiver Consent

Please print • Retain a copy for your records

**Instructions:**

Under the City of Escanaba Defined Benefit Plan, a retiring participant who is married must elect to have their benefits paid in the *Form of Payment Option II - 100% to Survivor* with their spouse as beneficiary. The retiring participant is permitted to elect another *Form of Payment* if their spouse consents to that election in writing.

This form is used to verify that the spouse understands and consents to waive their automatic rights described above. This form should be completed when applying to receive retirement benefits and the retiring participant wishes to choose an option other than *100% to Survivor* with their spouse as beneficiary. The spouse must sign Section 2 below and this form must be submitted to the City of Escanaba at:

Please mail completed form to:   **City of Escanaba**
**Controller's Office**
PO Box 948
410 Ludington St
Escanaba, MI 49829-0948

| Last name of participant* | First name of participant* | MI | Last four digits of SSN* |
|---|---|---|---|
| | | | |

| Name of employer* |
|---|
| |

## 2. Spouse signature

I (spouse of the above participant) understand that my spouse (above participant) wishes to choose a retirement benefit from the City of Escanaba that does *NOT*:

1. Name me (spouse) as the *Monthly Pension Beneficiary* and/or

2. Choose *100% to Survivor* in the *Form of Payment.*

I understand that my spouse's choice of payment option and/or naming of a beneficiary requires my consent. I hereby consent and agree to my spouse's choice, and I waive any right to contest this choice. If another individual is named beneficiary, I understand that I will not be entitled to a lifetime survivor's benefit in the event of my spouse's death. If my spouse has elected any Payment Option other than Option II, I understand I am waiving my right to any survivor or other benefit other than as specifically elected by my spouse.

| Signature of spouse* | Spouse's full name (please print clearly)* | Date (mm/dd/yyyy)* |
|---|---|---|
| | | |

* Required field