



WAIVER OF QUALIFIED JOINT AND SURVIVOR ANNUITY (SPOUSAL CONSENT FORM)

DISTRICT OF COLUMBIA 401(a) RETIREMENT PLAN | PAGE 1 OF 2

Employer Plan: **108208 — DC 401(a) Retirement Plan**

Both Married and Single Participants Must Complete

1. PARTICIPANT INFORMATION

Social Security Number: _____ - _____ - _____
(FOR TAX-REPORTING PURPOSES)

Date of Birth: ____ / ____ / _____

Daytime Phone Number: (____) _____ - _____

Participant: *LAST NAME* _____

FIRST NAME/MI _____

Mailing Address/Street: _____

City: _____

State: ____ ZIP+4: _____ - _____

Email Address: _____

2. SPOUSE SIGNATURE AND CONSENT

Signature of Participant's Spouse: _____

Name (Please Print): _____

Date: ____ / ____ / _____

3. PARTICIPANT CERTIFICATION

To be completed by single participant.

I certify that I am single.

Signature of Participant: _____

Name (Please Print): _____

Date: ____ / ____ / _____

4. WITNESS — AUTHORIZED PLAN REPRESENTATIVE OR NOTARY PUBLIC

The signature of the participant's spouse must be witnessed by an authorized representative of the employer-sponsored retirement plan or a notary public.

Employer Plan Representative

Signature of Employer: _____

Title: _____

Name (Please Print): _____

Date: ____ / ____ / _____

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

Notary Public: _____

My commission expires: ____ / ____ / _____

SEAL