



457(b) PLAN SPOUSAL CONSENT FOR COMMUNITY OR MARITAL PROPERTY STATES

A spouse of a participant in the 457(b) Plan sponsored and maintained by the participant's employer ("Employer") and administered by the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Fund") may, but is not required to, use this *457(b) Plan Spousal Consent for Community or Marital Property States* to relinquish the spouse's community property or marital interest in the Plan.

- PLEASE TYPE OR PRINT CLEARLY -

I. PARTICIPANT INFORMATION

Participant Name _____ (first) (middle) (last/family) Account No. _____

☐ Check here if there has been a change to your contact information on file.

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (_____) _____ E-Mail Address _____

II. SPOUSAL CONSENT

If you reside or have resided in a community or marital property state (which may include, but is not necessarily limited to, AZ, CA, ID, LA, NV, NM, PR, TX, WA, and WI) and you are married, your spouse may need to complete this consent in order for you to name any one other than, or in addition to, your spouse as a beneficiary with respect to the 457(b) Plan. It is your responsibility to determine if this consent applies and to determine if the spousal consent language below is sufficient to satisfy applicable state statutes. Your state may require this consent to be signed in the presence of a Notary Public. **IMPORTANT: If you reside in a community or marital property state and you do not secure spousal consent in accordance with your state's statutes, any beneficiary you designate other than your spouse may not be valid.**

SPOUSAL CONSENT. I am the spouse of the participant identified in Section I. Due to the important tax consequences of giving up my interest in the 457(b) Plan covered by this consent, I acknowledge Pension Fund advises me to consult a tax or legal professional. I hereby voluntarily and irrevocably give the participant identified in Section I any community or marital property interest I have in the 457(b) Plan covered by this consent, and consent to the beneficiary designation(s) made by the participant for the 457(b) Plan. I assume full responsibility for this consent.

Spouse Signature _____ Date ____/____/____

Printed Name _____

Please have completed if your spouse's signature must be acknowledged by a Notary Public:

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he or she voluntarily executed the foregoing consent.

Notary Public Signature _____

(SEAL)

My commission expires ____/____/____

Pension Fund of the Christian Church

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