



Qualified Joint and Survivor Annuity Notice (Applicable only if a plan is subject to ERISA provisions.)

## **Qualified Joint and Survivor Annuity**

### **Married Participants**

The law requires that benefits from this plan be paid in the form of a Qualified Joint and Survivor Annuity ("QJSA"), unless you elect another benefit option offered by the plan. If you decide to elect a benefit option other than a QJSA, then your spouse must consent in writing to your election. Your spouse's signature must be witnessed by a Plan Representative or a Notary Public. Your election must be made no more than 90 days prior to the date distributions commence (however, at least seven days must elapse from the time you receive this QJSA explanation to the time of the distribution). The election (or spousal consent to the election) may be revoked at any time within those 90 days. If you decide to change the benefit option before distributions commence, then you must again obtain your spouse's written consent as described above.

For married participants, a QJSA benefit is a Joint and Survivor Annuity. Monthly payments are made for your life. After your death, monthly payments, usually of 50 percent of the amount you received, are made to your spouse for life. The total amount payable as a QJSA must be the actuarial equivalent of the amount that would be payable to you in a Life annuity. The monthly payment amount paid during your life will be less than it would be in a Life Annuity based on a single life.

The law also requires that any and all survivor benefits from this plan be paid to your spouse, unless you designate a different beneficiary. If you decide to designate a beneficiary other than your spouse, then your spouse must consent in writing to your beneficiary designation. Your spouse's signature must be witnessed by a Plan Representative or a Notary Public.

### **Unmarried Participants**

The law requires that, unless you elect otherwise, benefits from this plan be paid in the form of a Single Life Annuity: you will receive monthly payments for your life, and then no payments are made after your death. If you decide to elect another benefit option offered by the plan, your election must be made no more than 90 days prior to the date distributions commence (however, at least seven days must elapse from the time you receive this QJSA explanation to the time of the distribution). You may revoke your election at any time within those 90 days.

If any survivor benefits are payable through the benefit payment option you have chosen, then you may designate a beneficiary to receive those survivor benefits.

1 Spousal Consent (Applicable only if a plan is subject to ERISA provisions.)

I am  Married  Not Married  Married, but cannot locate my spouse

**Important:** This section must be completed if this 403(b) TSA is subject to the provisions of the Employee Retirement Income Security Act (ERISA). If you are not sure whether or not this 403(b) TSA plan is administered under ERISA, please contact one of our annuity specialists at (800) 247-6888. Your spouse must complete this section if your account balance has ever been greater than \$5,000. Your spouse's signature must be witnessed by an Authorized Plan Representative or a Notary Public.

SPOUSE NAME

I understand that by signing below I give my consent to this distribution. Furthermore, I acknowledge that this transaction/policy change may result in the reduction of benefits that might otherwise have become distributable under this plan. I have read and understand the explanation of the Qualified Joint and Survivor Annuity. If my spouse did not select a QJSA, I consent to payment in the form selected.

SPOUSE SIGNATURE

DATE

WITNESS NAME AND TITLE

WITNESS SIGNATURE

DATE

State of \_\_\_\_\_ County of \_\_\_\_\_

STAMP

Subscribed and sworn/affirmed before me this \_\_\_\_\_ day on

\_\_\_\_\_, by \_\_\_\_\_

NOTARY PUBLIC SIGNATURE

DATE

Notary Public for \_\_\_\_\_ state. My commission expires \_\_\_\_\_.

AUTHORIZED PLAN REPRESENTATIVE NAME (Required only if there is no spouse signature and the vested account balance was ever more than \$5,000.)

I, as authorized plan representative, hereby state that it is established to my satisfaction that spousal consent to the above choice cannot be obtained because the participant is unmarried, or the participant's spouse is unavailable for consent, or because of other legitimate circumstances that prevent obtaining spousal signature.

AUTHORIZED PLAN REPRESENTATIVE SIGNATURE

DATE

2 Authorization

I have read and understand the explanation of the Qualified Joint and Survivor Annuity. As required by regulations, I certify that at least seven (7) days have elapsed since I received the QJSA explanation. If I did not select a QJSA, I elect to waive payment of my benefits in the form of a QJSA and to receive payment in the form selected. If I designated a joint annuitant or beneficiary other than my spouse, I elect to waive payment of any survivor benefits to my spouse. I have the right to revoke either election at any time prior to the date my benefit payments begin. I understand that after payments begin, my election is irrevocable.

I have completed appropriate sections of this form and represent that all information is true and accurate.

OWNER OR PARTICIPANT SIGNATURE

DATE

OWNER SIGNATURE

DATE