Date: [Date]

To: [Plan Administrator Name]
Company: [Company Name / Financial Institution]
Address: [Street Address]
City, State, Zip: [City, State, Zip Code]

Re: Spousal Consent for Beneficiary Designation Update

Account/Plan Number: [Account Number]

Participant Name: [Participant Full Name]

Section 1: Participant Acknowledgment

I, [Participant Full Name], the participant of the above-mentioned plan, hereby elect to designate the following person(s) as my primary beneficiary(ies), which may result in my spouse receiving less than the 100% required by law or plan rules:

Beneficiary Name(s): [Name of New Beneficiary]

Section 2: Spousal Consent

I, [Spouse Full Name], certify that I am the spouse of the participant named above. I hereby acknowledge that I have a legal right to be the primary beneficiary of my spouse's account. I voluntarily consent to the beneficiary designation made by my spouse as listed above. I understand that by signing this document, I am waiving my right to receive some or all of the benefits under this plan upon my spouse's death.

Spouse Signature: _____ Date: [Date]

Section 3: Notary Public Acknowledgment

(Note: This section must be completed by a Notary Public or authorized Plan Representative)

State of: _____

County of: _____

On this day, before me personally appeared [Spouse Full Name], known to me to be the person who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

Notary Public Signature: _____

My Commission Expires: [Date]

(Seal)