

## BENEFICIARY SPOUSAL CONSENT FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in ***BOLD ITALICS***.

**MEMBER NAME** \_\_\_\_\_  
First name Last name

**MEMBER SOCIAL SECURITY NUMBER or  
 PERA ID NUMBER** \_\_\_\_\_

### SPOUSE'S INFORMATION AND NOTARIZATION

I, \_\_\_\_\_, am married to PERA member  
*(print spouse's name)*

\_\_\_\_\_. I hereby consent to my spouse's decision to name  
*(print name of member)*

\_\_\_\_\_ as his/her survivor beneficiary and  
*(print name of survivor beneficiary)*

\_\_\_\_\_ as his/her refund beneficiary to receive retirement  
*(print name of refund beneficiary)*

benefits in the event my spouse dies prior to retirement.

\_\_\_\_\_  
*Signature of Member's Spouse*

\_\_\_\_\_  
*Date*

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) SS:  
 County of \_\_\_\_\_ )

Subscribed and sworn to (or affirmed) before me by \_\_\_\_\_ on this the \_\_\_\_\_ day of  
*(print spouse's name)*

My Commission Expires \_\_\_\_\_

Notary Signature \_\_\_\_\_ Notary Public Telephone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_