



## Spousal Consent Form

Please complete the bottom part of this page carefully. Your spouse must sign the form in the presence of a notary. Make a copy of the form and mail the original, completed form to the following address:

**BayCare Health System  
c/o Fidelity Investments  
PO BOX 770003  
Cincinnati, OH 45277-0069**

### A. PARTICIPANT INFORMATION

_____	_____	(    )	_____
Last Name	First Name	Daytime Telephone No.	Social Security Number

### B. SPOUSAL CONSENT

**TO THE PARTICIPANT:** Federal law requires that you, the participant, provide notarized spousal consent if you elect a form of payment other than a Qualified Joint and Survivor Annuity or other Qualified Spousal Survivor Annuity. The consent must be provided with your payment election or your election cannot be processed.

**TO THE SPOUSE:** This is a very important decision. You should think carefully about whether you want to sign this agreement. Before signing, be sure that you understand what benefits you may receive and what benefits you will no longer be able to receive. Information on the types of benefits available from the Plan is shown in the Final Calculation. If you have not seen this information, you should read it before you sign this agreement. For additional information, please contact the BayCare Health System Pension Service Center.

I, \_\_\_\_\_, am the spouse of \_\_\_\_\_.

- a) I understand that I have the right to have the Plan pay my spouse's pension benefits in the form of a Qualified Spousal Survivor Annuity and I agree to give up that right. I understand that by signing this agreement, I may receive no money or less money than I would have received under a Qualified Spousal Survivor Annuity after my spouse dies, depending on the payment option or beneficiary that my spouse chooses.
- b) I agree that my spouse can receive pension benefits for his or her benefit in the Plan in a form other than a Qualified Spousal Survivor Annuity.
- c) I understand that my spouse cannot choose a form other than a Qualified Spousal Survivor Annuity unless I agree to the change.
- d) I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.
- e) I understand that if I do not sign this agreement, then my spouse and I will receive payments from the Plan in the form of a Qualified Joint and Survivor Annuity (or other Qualified Spousal Survivor Annuity that my spouse elects).

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Subscribed and sworn before me this date

\_\_\_\_\_  
Commission expiration date

(Place Notary Seal Above)