AMERICAN FIDELITY
a different opinion

Benefits Department | P.O. Box 25520 | Oklahoma City, OK 73125-0520
American Fidelity Assurance Company | 800-662-1113 | Fax: 800-818-3453

Insurance Spousal Waiver of Death Benefit Consent Form

You indicated on your insurance application that you are currently married; however, the primary beneficiary on the application form was not your spouse. Since you reside in a community property state, we may be required to pay a portion of the benefit to your spouse at the time of your death unless your spouse has signed a spousal waiver form. If your spouse agrees to waive this right, your spouse will need to complete and sign this waiver and have their signature notarized.

Owner Name: _____ Social Security Number: _____ Account Number: _____

I, _____ of legal age and first being duly sworn upon oath, do state that I hereby waive any and all
(Name of current or former spouse)
rights or interest I may have in said account with American Fidelity, on _____.
(Date)

I understand that I may have community property or other rights in these benefits, and I hereby voluntarily waive and release any rights I may have to these benefits. I understand that I do not have to sign this consent and that if I do sign my consent is irrevocable. I acknowledge that I have received a complete explanation of each benefit listed above (if applicable), and I have had the opportunity to consult with an attorney or other professional concerning this waiver.

Signature of current or former spouse: _____

Signed at _____, _____ on _____, 20_____
(City) *(State)* *(Date)*

This form was subscribed and sworn to before me by_____this _____day of _____, 20_____.
(Name of current or former spouse)

Notary Public: _____