

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

Annuity Spousal Waiver of Death Benefit Consent Form

You indicated on your annuity application that you are currently married; however, the primary beneficiary on the application form was not your spouse. Since you participate in a qualified retirement plan and/or 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 the Annuity Spousal Waiver of Death Benefit Consent 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, (Name of current or former spouse) hereby waive any and all rights or interest I may h		of legal age and first being duly sworn upon oath, do state that I ican 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 (City), (State)	on (<i>Date</i>)	, 20
This form was subscribed and sworn to before me by (Name of current or former spouse)		
this day of, 20		
Notary Public:		
My commission expires: (Date)		

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