

**DIOCESE OF PITTSBURGH  
LAY EMPLOYEES PENSION PLAN  
Spouse's Consent to Optional Form of Payment**

I, the undersigned, am the lawful spouse of \_\_\_\_\_

I have read and acknowledge receipt of the Qualified Joint and Survivor Annuity Explanation that describes this form of payment, its financial effect and the rules for spousal consent to reject this form of payment.

I agree to the form of payment elected, \_\_\_\_\_,  
(Specify payment election)  
for my spouse's retirement benefit.

I agree to the designation of \_\_\_\_\_  
(Specify name of beneficiary)  
as beneficiary under the plan.

I acknowledge all of the following:

- I will not receive the qualified joint and 50% survivor annuity from the Plan in the event of my spouse's death.
- I will not receive any Plan benefits upon my spouse's death unless the form of payment elected above provides a death benefit and I am designated to receive that death benefit.
- The form of payment elected above is not valid unless I consent to it.
- My consent is irrevocable unless my spouse rejects the form of payment elected above before payments begin.

\_\_\_\_\_  
Date

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

The above consent was acknowledged in my presence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

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**Notary's Acknowledgement**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person executing the above Spouse's Consent to Optional Form of Payment and acknowledged to me that (s)he executed the same for the purposes therein stated.

(SEAL)

\_\_\_\_\_  
Notary Public