



**SPOUSAL CONSENT FOR COMMUNITY  
OR MARITAL PROPERTY STATES**

A spouse of a member/owner/account holder may, but is not required to, use this Spousal Consent for Community or Marital Property States to relinquish the spouse's community property or marital interest in the plan or plans indicated below.

| Check                    | Plan Name                       | Account No. |
|--------------------------|---------------------------------|-------------|
| <input type="checkbox"/> | Tax-Deferred Retirement Account |             |
| <input type="checkbox"/> | Traditional IRA                 |             |
| <input type="checkbox"/> | Roth IRA                        |             |
| <input type="checkbox"/> | Benefit Accumulation Account    |             |

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. MEMBER/OWNER/ACCOUNT HOLDER INFORMATION**

Member/Owner/Account Holder Name \_\_\_\_\_ Member ID No. \_\_\_\_\_  
(first) (middle) (last/family)

Check here if there has been a change to your contact information on file.

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**II. SPOUSAL CONSENT**

If you reside or have resided in a community or marital property state (which may include, but is not necessarily limited to, AZ, CA, ID, LA, NV, NM, PR, TX, WA, and WI) and you are married, your spouse may need to complete this consent in order for you to name any one other than, or in addition to, your spouse as a beneficiary with respect to the Tax-Deferred Retirement Account (TDRA), Roth IRA, Traditional IRA, or Benefit Accumulation Account. It is your responsibility to determine if this consent applies and to determine if the spousal consent language below is sufficient to satisfy applicable state statutes. Your state may require this consent to be signed in the presence of a Notary Public. **IMPORTANT: If you reside in a community or marital property state and you do not secure spousal consent in accordance with your state's statutes, any beneficiary you designate other than your spouse may not be valid.**

**SPOUSAL CONSENT.** I am the spouse of the member/owner/account holder identified in Section I. Due to the important tax consequences of giving up my interest in the plan or plans covered by this consent, I acknowledge Pension Fund advises me to see a tax or legal professional. I hereby voluntarily and irrevocably give the member/owner/account holder identified in Section I any community or marital property interest I have in the plans covered by this consent, and consent to the beneficiary designation(s) made by the member/owner/account holder for the plan or plans indicated above. I assume full responsibility for this consent.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

**Please have completed if your spouse's signature must be acknowledged by a Notary Public:**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, personally appeared before me the above named \_\_\_\_\_, personally known to me, who, being duly sworn, deposes and says that he or she voluntarily executed the foregoing consent.

Notary Public Signature \_\_\_\_\_ (SEAL)

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**  
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