



**\*Consent of Spouse** *(Complete only if you mark C in section 2.)*

I, the spouse of \_\_\_\_\_, certify that I have read this designation of beneficiaries. I hereby consent to the above designations and acknowledge their effect; namely, that they may modify, reduce or eliminate any benefits I may otherwise have received under the plan in the event of my spouse's death. I further acknowledge that my consent to such designations is irrevocable unless my spouse files a new Designation of Beneficiaries form with the plan administrator.

\_\_\_\_\_ X \_\_\_\_\_  
*Spouse's name (please print)* *Spouse's signature* *Date*

**Acknowledgment** *(Spouse's signature must be acknowledged by a notary public.)*

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

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ there appeared before me in person, the person whose signature appears above, the spouse of the participant, to me personally known to be the person who executed the foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

X \_\_\_\_\_ (Seal) \_\_\_\_\_  
*Signature of notary public* *Commission expiration date*

**3 Your Signature**

I hereby revoke every previous designation of beneficiary for this plan. I understand that I may change my beneficiary at any time by completing a new form, and that the change is effective when received in writing and accepted by the plan administrator.

X \_\_\_\_\_  
*Signature* *Date*

**Please return this completed form to:  
JPMorgan Retirement Plan Services  
P.O. Box 419784  
Kansas City, MO 64141-6784**