120 Father Dueñas Avenue Ste 110 Hagåtña, Guam 96910



ASC Spousal Consent To Waiver Primary Beneficiary Form

Tel: (671) 477-2724 Fax: (671) 477-2729 Email: info@asctrust.com $\underline{www.asctrust.com}$

Your Compar	ny / Employer	Name:			
If you and y must compl	_	_	neone other th	an your spouse a	s the Primary Beneficiary, your spouse
Participant:				SS#:	
•	First Name	Middle Name	Last Name	2	
Spouse:					
	First Name	Middle Name	Last Name	ę	
spouse's death according to consent. I un- prior to retire waiver is not beneficiary, b	n benefit to the any method of derstand that: ment; (2) I do valid without I am voluduress or under the angle of the angle	e beneficiary determined payment the benefic (1) as a result of this one thave to consent at my consent; (3) intarily relinquishing to	ined on the Bene iciary elects under seconsent, I am for to my spouse's vI have the right this right; and (4)	ficiary Designation I er the Plan. Any chargoing benefits I we waiver of the payme to limit this conse this consent is irr	Form and consent to the payment of my Form and consent to the payment of such benefit tange in a designated beneficiary will require my buld be entitled to receive upon my spouse's death nt of his/her death benefit to me, and my spouse's nt to a specific form of benefit payment to the evocable. I hereby make this consent freely and ght to seek independent advice and counsel with
	Participant's Spouse Signature				// Date
		A C K	N O W L	E D G M	E N T
In and for Gu	am, U.S.A.)			
	,)ss			
City of)			
					efore me, a Notary Public in and for Guam,
					, known to me and/or proved to
whose name i	s signed on th	e <u>Spousal Consent To </u>	Waiver As Primary	Beneficiary Form, an	, to be the person d acknowledged to me that (he) (she) signed it hand and affixed my official seal the day and
year first abov	-			·	
					Notary Public