



**SPOUSAL CONSENT FORM**

- Use this form to provide the required information that applies to loans under the Plan.
- **This form is effective only for transactions processed within 90 days after the form is signed.**
- Please return your completed form to:  
**US Postal Mail (including USPS Express Mail) – Mercer, Attn: IBEW Local 86 Annuity Fund, P.O. Box 9740, Providence, RI 02940-9740.**  
**Other Courier Mail – Mercer, Attn: IBEW Local 86 Annuity Fund, Investors Way, Norwood, MA 02062.**

**1. PARTICIPANT INFORMATION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY)

(\_\_\_\_\_)\_\_\_\_\_  
HOME TELEPHONE NUMBER

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY/STATE

\_\_\_\_\_  
ZIP CODE

**2. STATEMENT OF MARITAL STATUS**

At the time of requesting this loan, I certify that I am (check one):

- Married.** (If checked, sections 3 and 4 must be completed).
- Not married.** (If checked, skip to section 4).

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date) MM/DD/YYYY

**3. SPOUSAL CONSENT**

I am the spouse of the Participant whose signature appears above. I understand that I have the right to have the Plan pay my spouse's retirement benefits in the special qualified joint and survivor annuity form, or in the event of my spouse's death as a qualified pre-retirement survivor annuity. I consent to my spouse's pledging those benefits as security for a loan under the Plan. I understand that if my spouse defaults on this loan, I may receive less money than I would have received under the special qualified joint and survivor annuity or qualified pre-retirement survivor annuity if the loan had not been taken. I also understand that my consent to this loan cannot be revoked or changed in any way. I understand that I do not have to sign this spousal consent. I am signing this spousal consent voluntarily.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date) MM/DD/YYYY

**4. NOTARY PUBLIC**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, personally appeared \_\_\_\_\_, known to me to be the same person described in and who executed the foregoing, and (s)he duly acknowledged to me that s(he) executed the same.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_



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