

Plan Name \_\_\_\_\_  
Plan # \_\_\_\_\_

**MARITAL STATUS CERTIFICATION or  
QJSA Waiver & Consent FORM (417)**

**1. Employee Identification**

*Please Print*

*This form must be completed in its entirety or your request will be rejected.*

Name: \_\_\_\_\_  
Last First Middle Initial

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

City State Zip  
Social Security Number Date of Birth MM-DD-YYYY Home Phone Number

**2. Unmarried Participant Information:**

- Not Applicable – Participant must complete Section 3 below.
- Certification: I hereby represent that I am *not* legally married, or that I am legally separated or abandoned. Note: If you are legally separated or abandoned, you are treated as unmarried, and should complete this section.

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

**3. Married Participant Information:**

- Not Applicable – Participant must complete Section 2 above.
- Spousal Consent: If you are married this section must be completed. Spouse's Social Security Number
- LOAN REQUEST: I hereby represent that I am legally married to the Participant named above, and I hereby consent to the loan request made by the Participant under the Plan.
- DISTRIBUTION REQUEST: I hereby represent that I am legally married to the Participant named above, and I hereby consent to the waiver of distribution in the form of a Qualified Joint & Survivor Annuity made by the Participant as indicated below.

I understand that my spouse is electing a form of payment from his/her account that is NOT in the standard form of a Qualified Joint and Survivor Annuity. I understand that, as a result of my spouse's waiving that form of benefit, amounts withdrawn by my spouse from his/her account will not be available to pay me a continuing monthly benefit after my spouse's death. By signing this form, I consent to my spouse's election to receive a payment other than a Qualified Joint and Survivor Annuity, and I hereby waive any and all rights to the benefit that I would otherwise have been provided under the Plan with respect to the amount of this payment.

Spouse's Signature \_\_\_\_\_ Print Spouse's Name \_\_\_\_\_ Date \_\_\_\_\_

**Witness to Spousal Consent:** I have witnessed the signature of the person who signed this form as spouse on the date indicated above. This person presented satisfactory evidence to prove his/her identity.

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

State \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

In addition to signing here, notaries may attach a standard form of acknowledgment if they wish.

**4. Participant's Signature and Certification**

I acknowledge that I have received an explanation of both the standard form of benefit, which is a Qualified Joint & Survivor Annuity (if I am married) or a Single Life Annuity (if I am not married), and the financial effect of waiving that benefit. I hereby acknowledge that the payment I have elected from my account is a waiver of the standard annuity benefit, and I authorize you to make payment in this form.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form via Overnight or US Mail to:

Merrill Lynch, Retirement Group – Processing Center; 1400 Merrill Lynch Drive, MSC 4-BS-PRO; Pennington, NJ 08534

After returning this form to Merrill Lynch, you call the Participant Service Center to provide verbal authorization to process your transaction. If you neglect to do so, your transaction will not be processed.