ARIZONA STATE RETIREMENT SYSTEM

Spousal Consent Form

Phoenix: (602) 240-2000
Toll-free: (800) 621-3778
Online: AzASRS.gov
Mailing Address: PO Box 33910 Phoenix, AZ 85067-3910

SECTION 1 – Member Information

Last 4 of SSN	Member Name (Last)	(First)	(Middle Initial)

SECTION 2 – Spousal Consent (Check all that apply.)

Married members of the ASRS are required to designate their spouse as a primary beneficiary to receive at least 50% of their account and elect a Joint and Survivor annuity option, unless the spouse consents to an alternative, per Arizona Revised Statutes §§ 38-755, 38-760 and 38-776.

☐ **BOX 1- BENEFICIARY**. I consent to my spouse making a beneficiary designation that provides me with less than 50% of my spouse's account balance.

☐ **BOX 2- BENEFIT OPTION.** I consent to my spouse electing a retirement option other than a Joint and Survivor annuity.

☐ **BOX 3- POST RETIREMENT.** I consent to my spouse changing or ending my contingent annuitant status.

Spouse Name (print)	Phone Number ( )
Spouse Signature	Date

SECTION 3 –Notarization of Spouse's Signature

State of _____)
)
County of _____)

On this _____day of _____, 20____, before me personally appeared _____
(name of signer)

whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(seal)

Notary Public_____

My commission expires _____

Note: A spouse may revoke their consent if done so in writing and received by the ASRS one day prior to (1) the member's date of death, or (2) any ASRS benefits disbursement, whichever occurs first.