

CONSENT OF SPOUSE

DERP ID: _____

I, _____, the spouse of _____, a member of the Denver Employees Retirement Plan, acknowledge that the member has elected Type __, the _____ benefit, as a retirement benefit. I acknowledge I have been informed about the different retirement benefit options available to me and the Plan staff has calculated estimated benefits for each option. I voluntarily consent to the benefit election as selected by my spouse, the member. If applicable, I also voluntarily agree to the member selecting a different named beneficiary to receive any benefits payable upon the member's death. I further understand that:

- The law requires my spouse's Plan benefits be paid as a qualified joint and survivor annuity that will pay lifetime benefits to me if I survive the member;
- I may, but am not required to, waive my rights to this benefit;
- My spouse's election not to receive benefits in the form of the qualified joint and survivor and the beneficiary designation is not valid unless I consent to the election;
- By signing this Consent of Spouse form, I forever waive my rights to the benefit and I forfeit such benefits that would be paid to me upon my spouse's death;
- **I CANNOT CHANGE THIS CONSENT.**

Spouse's Signature: _____ Date: _____

This form must be notarized.

State of _____)
City of _____)
County of _____)

The foregoing instrument was signed and acknowledged before me this _____ day of _____, _____.

WITNESS my hand and official seal.

Notary Public

My commission expires _____