

# Spousal Consent Form For Beneficiary Designation

## 1 Account Owner Information

NAME <i>(as it appears on account application)</i>	ENTRUST ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
EMAIL ADDRESS <i>(required)</i>		DAYTIME PHONE NUMBER

## 2 Spouse Information

NAME	SOCIAL SECURITY NUMBER
EMAIL ADDRESS <i>(required; must be different from account owner's email address)</i>	DAYTIME PHONE NUMBER

## 3 Spousal Consent and Signature

**IMPORTANT:** This form must be notarized to confirm that the spouse has waived part or all of their benefits. If the form is not notarized, the spouse must provide a copy of a valid, unexpired government-issued photo ID (such as a driver's license or passport) that clearly shows both their photo and signature.

Spousal Consent is required only if all of the following conditions are met:

- A. The spouse is not the sole primary beneficiary named and;
- B. The account owner and the spouse are residents of a community property state (such as AZ, CA, ID, LA, NV, NM, TX, WA, or WI).

I, the spouse of the account owner listed above, hereby certify that I have reviewed the designation of beneficiary(ies) information for the Entrust Account listed above and I understand that I have a legal interest in the account. I hereby acknowledge and consent to the designation of beneficiary(ies) other than, or in addition to, myself as primary beneficiary for this account. I further acknowledge that I am waiving part or all of my rights to receive benefits under this account when my spouse dies.

Spouse Signature:	DATE:
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### NOTARY CERTIFICATION REQUIRED

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared \_\_\_\_\_; ☐ to me personally known or ☐ who produced the foregoing \_\_\_\_\_ as identification, to me known to be the person described in and who executed instrument and acknowledged before me that he executed the same.

Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

## Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	newaccounts@theentrustgroup.com	The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607