



FARMERS LIFE INSURANCE COMPANY

# Annuity Spousal Waiver of Death Benefit Consent

You indicated on your annuity application that you are currently married; however, the primary beneficiary on the application form was not your spouse. Since you participate in a qualified retirement plan and/or reside in a community property state, (currently AZ, CA, ID, LA, NV, NM, TX, WA and WI), we may be required to pay a portion of the benefit to your spouse at the time of your death unless your spouse has signed the Annuity Spousal Waiver of Death Benefit Consent form. If your spouse agrees to waive this right, your spouse will need to complete and sign this waiver.

*Note: This form is applicable if funding the annuity by cash with application (CWA). For 1035 exchanges, rollovers or transfers, please complete form 951E.*

\_\_\_\_\_  
Name of contract owner

\_\_\_\_\_  
SSN of owner

\_\_\_\_\_  
Contract number

I, *(Name of current or former spouse of contract owner)* \_\_\_\_\_ of legal age and first being duly sworn upon oath, do state that I hereby waive any and all rights or interest I may have in said account with Farmers Life Insurance Company, on *(Date)* \_\_\_\_\_.

I understand that I may have community property or other rights in these benefits, and I hereby voluntarily waive and release any rights I may have to these benefits. I understand that I do not have to sign this consent and that if I do sign my consent is irrevocable. I acknowledge that I have received a complete explanation of each benefit listed above (if applicable), and I have had the opportunity to consult with an attorney or other professional concerning this waiver.

\_\_\_\_\_  
Signature of current or former spouse of contract owner

Signed at *(City)* \_\_\_\_\_, *(State)* \_\_\_\_\_ on *(Date)* \_\_\_\_\_, 20\_\_\_\_,