

Employees' Retirement System
City of Milwaukee
789 North Water Street, Suite 300
Milwaukee, WI 53202
1-800-815-8418 or 414-286-3557

**GROUP LIFE INSURANCE
CONSENT OF SPOUSE**

POLICY HOLDER'S NAME: CITY OF MILWAUKEE

EMPLOYEE INFORMATION

NAME:

PERSON ID:

SPOUSE DECLARATION

I, _____, spouse of the above named employee, hereby consent to the designation of any person or persons as Primary Beneficiary of the life insurance proceeds payable under the above referenced policy as a result of the death of my spouse.

I further relinquish all my rights, title, and interest in any and all property used to pay premiums on the policy, and declare that such property is hereby reclassified to be the individual property of my spouse.

It is understood that by signing this consent form, I am irrevocably relinquishing all of my interest in property used to pay the premiums on the policy and in any ownership interest in the policy or proceeds.

I further understand and intend that this irrevocable relinquishment of all interest used by my spouse or any other person to pay premiums policy.

This Consent is to be construed and shall operate as a gift of any policy interest I may have to my spouse, and shall not be construed as a marital property agreement or any part of one.

SPOUSE CERTIFICATION

Signature of Spouse: _____

Date Signed: _____