



401(a) DIRECT LOAN SPOUSAL CONSENT FORM

1 Participant Information	<p>Employer Plan Number Employer Plan Name State</p> <p><u>1 0 9 3 2 6</u> <u>Oakland County</u> <u>MI</u></p> <p>Social Security Number of Participant Daytime Phone Number</p> <p>_____ - _____ - _____ (_____) - _____ - _____</p> <p style="text-align: center; font-size: small;">Area Code</p> <p>Full Name of Participant</p> <p>_____</p> <p style="text-align: center;">Last First MI</p>
2 Spousal Consent	<p>Spousal consent is required for all married money purchase plan participants.</p> <p>I, _____, voluntarily consent to my spouse borrowing from the plan. I understand that no benefits will be distributed under the plan to my spouse or to myself, as beneficiary, until the loan has been repaid, or until the outstanding balance, plus interest, has been deducted from my spouse's account balance according to the provisions of the plan.</p> <p>_____ Spouse's Signature Date</p> <p>SPOUSAL CONSENT IS REQUIRED TO BE WITNESSED BY:</p> <p>Employer's Plan Representative Signature of Spouse witnessed this _____ day of _____, _____</p> <p>_____ OR Employer's Plan Representative</p> <p>Notary Public Subscribed and sworn before me this _____ day of _____, _____</p> <p>_____ Notary Public My commission expires _____</p> <p style="text-align: center;">SEAL</p>

PLEASE KEEP A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS

FRM010-043-200512-109326