

## CERTIFICATION OF SPOUSAL NOTIFICATION



Answer the following questions to see if you need to complete this form:

1. Are you married? **Yes** - Answer Question 2  
**No** - Do not complete form
2. Are you electing Full Benefits? **Yes** - Complete & Return Form  
**No** - Answer Question 3
3. Are you naming your spouse as a beneficiary? **Yes** - Do Not Complete Form  
**No** - Complete & Return Form

Retiree's Printed/Typed Name

Social Security Number

Retiree's Spouse's Printed/Typed Name

**Instructions:**

After you notify your spouse that you have not named him or her as your service retirement beneficiary, ask your spouse to certify this by having him or her complete the **Spousal Certification Section**, below.

If you are not able to get your spouse's certification, you can complete the **Retiree Certification Section**, certifying that you notified your spouse.

*Whether you or your spouse sign this form, it must be signed in the presence of a notary, duly notarized and returned to MainePERS. We must receive this notarized form before we can process your retirement application.*

**Spousal Certification Section:**

(To be completed by the retiree's spouse):

I am the spouse of the above-named retiree and certify that s/he notified me that I have not been designated as a preferred beneficiary to his/her MainePERS service retirement benefit.

\_\_\_\_\_  
Signature of Retiree's Spouse (**Must be signed in the presence of a notary.**)

\_\_\_\_\_  
Today's Date

**Retiree Certification Section:**

*You do not need to complete this section if your spouse signed the Spousal Certification Section above.*

I certify that I have notified my spouse, who is named above, that I have not designated him or her as my MainePERS service retirement beneficiary.

\_\_\_\_\_  
Signature of Retiree (**Must be signed in the presence of a notary.**)

\_\_\_\_\_  
Today's Date

**Notary Section: (MUST BE COMPLETED BY A NOTARY PUBLIC OR ATTORNEY AT LAW)**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by the member,  
Date who is named and has signed above.

\_\_\_\_\_  
Signature of Notary Public/Attorney at Law

My commission expires on \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

SEAL