Attachment to SF 2801-2
Spouse’s Consent to Survivor Election

Part 1 – To Be Completed by the Current Spouse of Retiring Employee

I have freely consented to the survivor annuity election described on the attached SF 2801-2, Spouse’s Consent to Survivor Election.

I understand that I will be ineligible to continue coverage under the Federal Employees Health Benefits (FEHB) Program if my spouse dies because I have consented to his/her election to provide no survivor annuity.

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<tr>
<th>Name (Type or print)</th>
<th>Signature (Do not print)</th>
<th>Date</th>
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Part 2 – To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths

I certify that the person named in Part 2 presented identification (or was known) to me, gave consent, signed or marked this form and acknowledged that the consent was freely given in my presence on this

The _______ day of ________, 20 ________, at ___________________________

(Month) (Year) (City and State)

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Expiration date of commission, if Notary Public