



U.S. Department of State

ELECTION OF LESS THAN MAXIMUM SURVIVOR BENEFIT
(TO BE COMPLETED BY SPOUSE)

My signature on the attached survivor benefits election form "**Election of Annuity Benefits**" indicates that I freely consent to the decision made by my spouse with regards to survivor benefits.

Annuitant's Name _____
(Please Print)

Annuitant's SSN _____

Spouse's Name _____
(Please Print)

Spouse's Signature _____

Spouse's SSN _____

Date *(mm-dd-yyyy)* _____