ELCA RETIREMENT PLAN

Spouse or ESGP\(^1\) Consent
FOR DESIGNATION OF PRIMARY BENEFICIARY OTHER THAN A SPOUSE OR ESGP

If you are married, your spouse is automatically your primary beneficiary. If you wish to designate a primary beneficiary designation other than (or in addition to) your spouse or ESGP, that designation will not be effective until Portico receives this form with your spouse or ESGP’s notarized signature.

A Your Personal Information

<table>
<thead>
<tr>
<th>Member's Legal Name (First)</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Spouse or ESGP (First)</td>
<td>MI</td>
<td>Last</td>
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</table>

Member ID, found on myPortico in the upper right corner after you sign in

B Spousal Consent

I understand that my consent allows my spouse to designate ELCA Retirement Plan beneficiary(ies) as he or she chooses. If he or she designates primary beneficiary(ies) other than me, those named beneficiaries will be paid benefits that might otherwise be paid to me upon my spouse’s death. I understand this consent will remain in force until I rescind my consent by filing a Spouse or ESGP Consent Rescission form with Portico Benefit Services.

This consent will not become effective until Portico Benefit Services receives the spouse or ESGP’s notarized signature.

Signature of Spouse ______________________________ Date (MM/DD/YYYY) ________________

Certificate of Notary

State of _____________________________ County of _____________________________

Signed or Attested Before Me on (MM/DD/YYYY) ________________ By (Print Name of Spouse) _____________________________

Signature of Notary (Required) _____________________________ My Commission Expires (MM/DD/YYYY) ________________

Please keep a copy of this form for your records. Return this form via mail, email, or fax.

Portico Benefit Services
800 Marquette Ave., Ste. 1050
Minneapolis, MN 55402-2892
800.352.2876 / 612.333.7651
F 612.334.5399
mail@PorticoBenefits.org
PorticoBenefits.org

\(^1\)An Eligible Same Gender Partner (ESGP) is an individual who, together with a member of the ELCA benefit program, properly completed and signed an Affidavit of Partnership prior to June 26, 2015, attesting that they are not legally married but financially interdependent (share financial obligations), not married to or legally separated from anyone else, and live in a publicly accountable, lifelong, monogamous, same-gender relationship.