



Nippon Life Insurance Company  
of America  
P.O. Box 25951  
Shawnee Mission, KS 66225-5951

**Spousal Consent for  
Community Property  
States**

**Company Name**

**Group/Unit Number**

**Employee Information**

Your name (last, first, middle initial)

Social security number

**Spousal Consent for Community Property States Only**

If you are married, live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin), and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating someone other than me to be the beneficiary of group term life coverage and waive any rights I may have to the proceeds of such coverage under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver.

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Date signed

**Note: make a copy for your records and distribute to copy employees.**