

IOWA DEPARTMENT OF PUBLIC SAFETY  
PEACE OFFICERS' RETIREMENT, ACCIDENT AND DISABILITY SYSTEM  
SPOUSE'S AGREEMENT TO GIVE UP THE RIGHT TO THE  
QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA)

**Your Agreement**

I, ( \_\_\_\_\_ ), am the spouse of  
( \_\_\_\_\_ ).

I understand that I have the right to have the Peace Officers' Retirement, Accident and Disability System pay my spouse's retirement benefits in the special QJSA payment form and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I would have received under the special QJSA payment form and I may receive nothing after my spouse dies, depending on the payment form, or beneficiary, that my spouse chooses.

I agree that my spouse can receive retirement benefits in the form of a  
( \_\_\_\_\_ ).

I also agree to my spouse's choice of ( \_\_\_\_\_ ) as the beneficiary who will receive 100% of the survivor benefits from the System after my spouse dies. I understand that my spouse cannot choose a different form of retirement benefits, or a different beneficiary, unless I agree to the change.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

I understand that if I do not sign this agreement, then my spouse and I will receive payments from the System in the special QJSA payment form.

\_\_\_\_\_  
(Signature of Spouse)

State of **Iowa**

County of **Polk**

Signed and affirmed before me on \_\_\_\_\_,

By \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_