

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

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 that on (_____) I agreed to give up that right and to allow my spouse to receive retirement benefits in the form of a (_____).

I further understand that I have the right to revoke that agreement prior to the commencement of benefit payments by the System

I understand that by revoking this agreement, my spouse and I will receive payments from the System in the special QJSA payment form, unless we agree to another payment form approved by the System.

I revoke my agreement to allow my spouse to receive retirement benefits in the form of a (_____).

(signature of spouse)

State of Iowa
County of Polk

Signed and affirmed before me on _____,

By _____

NOTARY PUBLIC

My commission expires _____