

# Waiver for Termination of Spouse's Residency or Death

I, the undersigned, acknowledge the termination of my spouse's residency or their death, and hereby submit this waiver as required.

Full Name:

Spouse's Full Name:

Reason for Waiver:

Termination of Residency

Date of Termination/Death:

Additional Details:

Signature:

Date Signed:

Submit Waiver