

DESIGNATION OF BENEFICIARY

Plan Name: _____

Participant Name _____ Soc. Sec. No. _____

This is my: Initial beneficiary designation Updated beneficiary designation

Primary Beneficiary Designation: pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person(s) as primary beneficiary(ies) of my accrued benefit under the Plan payable by reason of my death:

Name	Address (street, city, state zip)	Relationship	Date of Birth	Soc. Sec. No.	% of Benefit (Total = 100%)

Contingent Beneficiary Designation: In the event my primary beneficiary(ies) should predecease me, I hereby designate the following person(s) as contingent beneficiary (ies) of my accrued benefit under the Plan payable by reason of my death:

Name	Address (street, city, state zip)	Relationship	Date of Birth	Soc. Sec. No.	% of Benefit (Total = 100%)

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of primary and/or contingent beneficiaries. The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if survived by me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the provisions of the Plan.

Signature of Participant

Date of this Designation

Marital Status (check one): Please note, you are considered married until a divorce has become final.

- I am single. **Stop Here.** You do not need to complete the back of this form.
- I am married and have designated my spouse as the primary beneficiary of **100%** of my accrued benefit. **Stop Here.** You do not need to complete the back of this form.
- I am married and have designated my spouse as the primary beneficiary of **less than 100%** of my accrued benefit. You and your spouse will need to read and complete the reverse side of this form for applicable spousal consent requirements.

Note: The Designation of Beneficiary is invalid without the consent of your spouse unless your spouse is the sole beneficiary or, under a prior beneficiary designation, your spouse waived the right to any change in the beneficiary designation.

CONSENT OF SPOUSE

I, the undersigned spouse of the Participant named in the foregoing "Designation of Beneficiary," hereby certify I have read the Designation of Beneficiary and fully understand the property subject to the designation is my spouse's accrued benefit under the plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation [Choose (a) or (b)]:

_____ (a) I understand I must file a similar consent to the new designation, or my consent is no longer effective.

_____ (b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent _____ day of _____, _____.

Signature of spouse of participant

Signature of spouse witnessed this _____ day of _____, _____, in the presence of:

Plan Representative

Or

STATE OF _____)

) ss.

COUNTY OF _____)

BEFORE ME, the undersigned, a Notary Public, personally appeared _____
_____ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed by name and affixed my official notarial seal this _____ day of _____, _____.

(SEAL)

Notary Public
My commission expires: _____