Designation of Beneficiary

Company:					
Your Information					
Participant Name		SS#			
This is my:	eneficiary designat	tion 🚨 Updated be	eneficiary designation	ı	
Primary Beneficia	y Designati	on			
Pursuant to the provisions o I hereby designate the follow payable by reason of my dea	ing person(s) as ړ	•	•		
Name	Relationship	Date of Birth	SSN# (Full)	% of Benefit (Total = 100%)	
Contingent Benefi	ciary Design	ation			
In the event my primary ben contingent beneficiary(les) of					
Name	Relationship	Date of Birth	SSN# (Full)	% of Benefit (Total = 100%)	
	_				
Signature					
I reserve the right to revoke any) of primary and/or contingent to the provision to the contingent beneficiary accordance with the provision	ngent beneficiaries imary beneficiary, , and if no named	s. The Trustee will pa if survived by me, ar	ay all sums payable und if no primary benef	inder the Plan by itinities it inder the Plan by itinities me, then	
Participant Signature			Date of Designation		



If you are married and have designated your spouse as the primary beneficiary of *less than 100%* of your accrued benefit, you and your spouse will need to read and complete the second page of this Beneficiary Designation.

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

certify I have read the Designation of Beneficiary designation is my spouse's accrued benefit under provided I survive my spouse. Being fully satisfie to and accept the beneficiary designation, withou	ed in the foregoing "Designation of Beneficiary," hereby and fully understand the property subject to the r the plan, in which I possess a beneficial interest, ed with the provisions of the designation, I hereby consent t regard to whether I survive or predecease my spouse. anges the designation. If my spouse changes the
(a) I understand I must file a similar consenerge effective.	nt to the new designation, or my consent is no longer
	to that change in designation. I understand I have the eficiary designated on the Designation of Beneficiary by
I have executed this consent thisday of	, 20
	Circulations of Consumer of Doublein and
	Signature of Spouse of Participant
Witness (By a Plan Representative o	r a Notary Public)
Signature of spouse witnessed this day of	, 20, in the presence of:
	Plan Representative
State of)	
) SS: County of)	
County oi	
BEFORE ME, the undersigned, a Notary Public, pe executed the above Consent of Spouse as a free a	ersonally appeared who and voluntary act.
IN WITNESS WHEREOF, I have signed my name, 20	e and affixed my official notarial seal this day of
(SEAL)	
	Notary Public
	My commission expires:

If you are married and have designated your spouse as the primary beneficiary of *less than 100%* of your accrued benefit, you and your spouse will need to read and complete the second page of this Beneficiary Designation.