

DESIGNATION OF BENEFICIARY FORM

(Please Print or Type)

Participant Name (Last, First) _____ **Social Security No.** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____ **Date of Birth** _____

Marital Status Married Single **Employee #** _____ **Work Location** _____ **Date of Hire** _____

SECTION I – EXPLANATION

Under the terms of the Plan, you may designate a beneficiary (an individual, trust or other entity) to receive amounts remaining in your Plan account at the time of your death. The Plan requires that your spouse, if any, be designated as your sole primary beneficiary, unless your spouse consents in writing to the designation of someone else as beneficiary in the presence of a notary public.

You can change your beneficiary designation at any time by completing a new beneficiary designation form and filing it with the Plan Administrator. The form must be filed with the Plan Administrator prior to your death or it will not be effective. You must obtain your spouse’s written and notarized consent to any changes, unless your spouse has previously consented to any changes you might make or unless you are naming your spouse as beneficiary.

If you designate your spouse as your beneficiary and you are subsequently divorced or legally separated from your spouse, the designation will become void as of the date of divorce or legal separation (except to the extent otherwise provided under a qualified domestic relations order) unless you file a new beneficiary designation form naming your separated or ex-spouse as beneficiary on a date that is after the date of your divorce or legal separation.

If you do not designate a beneficiary, or your designated beneficiary and any alternate beneficiary predecease you, the terms of the Plan determine who will receive payment of your Plan account.

In addition to designating a beneficiary, you can elect how you want death benefits to be paid to your designated beneficiary. If you do not make an election, your designated beneficiary will choose how death benefits will be paid. Contact the Plan Administrator if you want to elect the form in which death benefits will be paid to your beneficiary.

SECTION II – DESIGNATION OF BENEFICIARY (Attach Additional Pages if Needed)

A. Primary Beneficiary(ies). I hereby designate the following as my primary beneficiary(ies) under the Plan:

_____	_____	_____	_____
Name	Relationship to Participant	Social Security Number	Percentage
_____	_____	_____	_____
Name	Relationship to Participant	Social Security Number	Percentage

B. Alternate Beneficiary(ies). If all of my primary beneficiary(ies) predecease me, I hereby designate the following as my alternate beneficiary(ies) under the Plan:

_____	_____	_____	_____
Name	Relationship to Participant	Social Security Number	Percentage
_____	_____	_____	_____
Name	Relationship to Participant	Social Security Number	Percentage

Participant Name _____ **SSN** _____

SECTION III – PARTICIPANT SIGNATURE

I designate the persons named above to be my beneficiaries under the Plan and hereby revoke any prior beneficiary designations made by me. I understand that the designation being made above must be filed by me with the Plan Administrator prior to my death to be effective, and that this designation will remain in effect until I change it. I understand that if I have designated someone other than my spouse as sole primary beneficiary, my spouse must consent in writing in the presence of a notary public by completing Section IV below.

_____/_____/_____
Participant's Signature Date

SECTION IV – SPOUSAL CONSENT

I certify that I am the spouse of the participant named on this form. I understand that I have the right to receive the participant's vested account upon the participant's death, and that by signing this form, I am waiving my right to receive some or all of the benefit to which I would otherwise be entitled. I understand that the effect of my consent is that I may receive no benefits from the Plan upon the participant's death. Having been informed of my rights, I hereby irrevocably consent to the participant's designation of the beneficiary(ies) named above. This consent:

- Applies only to the specific designations made on this form. No changes can be made by the participant without my further consent.
- Applies to this and any future changes in designations made by the participant.

_____/_____/_____
Spouse's Signature Date

Signed and sworn before me this _____ day of _____, 20_____.

Notary Public