

DESIGNATION OF BENEFICIARY

Employer: _____

Participant: _____

□□ - □□ - □□□□
Participant Date of Birth

□□□□ - □□ - □□□□□□
Participant Social Security Number

Section 1

I understand that the death benefit must be paid to my surviving spouse, unless my spouse consents in writing to an alternative beneficiary. I understand that I must immediately inform the Plan Administrator of any change in my marital status. I also understand that if I am not married at the time I designate my beneficiaries and subsequently marry, 100% of my account balance will be paid at the time of my death to my surviving spouse, unless my spouse signs Section 2 of this form.

Regarding any amount payable under the Plan by reason of my death, I make the following election:

Primary Beneficiary(ies): (If you're married and naming someone other than your spouse as the primary beneficiary, then complete section 2)

First Name MI Last Name Relationship _____ %
□□ - □□ - □□□□ □□□□ - □□ - □□□□□□
Date of Birth Social Security Number

First Name MI Last Name Relationship _____ %
□□ - □□ - □□□□ □□□□ - □□ - □□□□□□
Date of Birth Social Security Number 100 %

Contingent Beneficiary(ies):

First Name MI Last Name Relationship _____ %
□□ - □□ - □□□□ □□□□ - □□ - □□□□□□
Date of Birth Social Security Number

First Name MI Last Name Relationship _____ %
□□ - □□ - □□□□ □□□□ - □□ - □□□□□□
Date of Birth Social Security Number 100 %

Signature of Participant

Date

Section 2

I _____, spouse of _____, hereby consent to the designation made by my spouse to have the pre retirement death benefit paid to the named beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) that such beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

EXECUTED this _____ day of _____, 20_____.

Signature of Participant's Spouse

Witness by Notary.

STATE OF _____

COUNTY OF _____

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

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20_____.

(SEAL) Notary Public _____

My Commission expires: _____