

BENEFICIARY DESIGNATION

PLAN: _____

PARTICIPANT: _____

Date of Birth: _____ **Social Security:** _____

HOME ADDRESS: _____

As a Participant in the Plan, I hereby acknowledge that should I die before the total of my benefits are paid from the Plan, my account balance shall be payable to my legal spouse (list name and social security number) should I be married at the time of my death. If not married, or if my spouse has executed a Waiver allowing me to name other beneficiaries, my beneficiaries shall be listed below. In either case, I shall be entitled to name any Contingent Beneficiary (listed below, as Contingent) should my Primary Beneficiary predecease me.

This designation shall not apply to death benefits assigned to an Alternate Payee under a Qualified Domestic Relations Order.

This designation shall supersede any prior designation that I may have made with respect to my death benefits under the Plan.

Subject to the provisions of the Plan and Trust Agreement, I designate the following beneficiary to receive any benefits coming due under the Plan as a result of my death.

1. PRIMARY BENEFICIARY: _____

2. CONTINGENT BENEFICIARY: _____

Dated at: _____ on _____, 20____

Witness

Participant's Signature

INSTRUCTIONS: List each beneficiary's full name, relationship to you, social security number, and address. If more than one beneficiary is designated in a Class, payments will be made in equal shares to only those who survive you, unless you indicate otherwise (such as "John Doe, if living, otherwise his share to be paid equally to his surviving children").

