

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: \_\_\_\_\_