

BENEFICIARY DESIGNATION

Employer _____
(Must be completed)

To the Trustee of _____ **Plan and Trust**

Name: _____, Participant Social Security # _____-_____-_____

Single Married*

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following persons as Primary and Contingent beneficiaries of my Accrued Benefit under the Plan payable by reason of my death:

Primary Beneficiary(ies)

Check here if additional beneficiaries are shown on attachments.

Name(s): _____ %
Relationship: _____
Address: _____

Name(s): _____ %
Relationship: _____
Address: _____

Must total 100%

Contingent Beneficiary(ies)**

Check here if additional beneficiaries are shown on attachments.

Name(s): _____ %
Relationship: _____
Address: _____

Name(s): _____ %
Relationship: _____
Address: _____

Must total 100%

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Trustee will pay all sums payable under the Plan by reason of my death to the **Primary Beneficiary, if he or she survives me, and if no **Primary Beneficiary** survives me, then to the **Contingent Beneficiary**, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

DATE OF THIS DESIGNATION

SIGNATURE OF PARTICIPANT

***NOTE: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.**

[Note: The effect of the beneficiary designation will change depending on whether it is effective for the period prior to the date the Plan begins paying you benefits or is effective for the period beginning with the date the Plan starts paying you benefits.

Prior to the commencement of benefits. Unless your spouse consents to the beneficiary designation, the beneficiary designation is invalid with respect to the payment of the preretirement survivor annuity portion (50%) of your account balance. Accordingly, the Plan will pay the 50% preretirement survivor annuity to your surviving spouse and then will pay your remaining vested account balance to your designated beneficiary. Your beneficiary designation will remain in effect until the date the Plan begins to pay you benefits.

When benefits commence. The Plan will pay your vested account balance in the form of a joint and 50% survivor annuity unless you and your spouse (if married) consent to an alternative form of payment. If you (with spousal consent) receive a lump sum distribution, a new beneficiary designation is unnecessary because you will not have an account balance in the Plan after the lump distribution. However, if you select an installment or an annuity (other than a joint and 50% survivor annuity) form of distribution, you must obtain your spouse's consent if you wish for the Plan to pay your potential death benefit to a person(s) other than your spouse. If you elect an installment or annuity form of distribution, you, with spousal consent, will need to execute a new beneficiary form within the 90-day period preceding the actual date the Plan starts paying you benefits. You may not use your prior beneficiary designation because your spouse did not consent to that beneficiary designation within the 90-day period prior to the date the Plan started paying you benefits.]

CONSENT OF SPOUSE

I, the undersigned spouse of the Participant named in the foregoing "Beneficiary Designation," hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation is my spouse's account balance under the plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation [Choose (a) or (b)]:

- 1 (a) I understand I must file a similar consent to the new designation, or my consent is no longer effective.
- 2 (b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of _____, _____ Year

Signature of spouse of participant _____

Signature of spouse witnessed this _____ day of _____, _____ Year

in the presence of: _____
PLAN REPRESENTATIVE

OR

STATE OF _____ ()
(ss.
COUNTY OF _____ ()

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

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

(seal)

NOTARY PUBLIC
My commission expires: _____