

BENEFICIARY DESIGNATION FORM

Name of Employee (First/Middle Initial/Last): _____

Social Security Number (SSN): _____

As an Employee in the Plan, use this form to designate the Beneficiary(ies) who will receive your Plan benefits in the event of your death. Designating beneficiaries is an important decision, and you may want to consult your attorney or financial advisor prior to making your decision. Remember this form only governs benefits under the Plan and is not a substitute for a will. It is important to keep your Beneficiary designation current. Events such as marriage, birth, death or divorce may affect your existing designation. Your Beneficiary designation is effective on the date your completed and signed form is received by the Authorized Employer Representative for your Plan. The most recent form on file cancels and supersedes all previous Beneficiary designations.

Check the appropriate option:

I hereby certify that I am married, and designate as my Beneficiary(ies) the following person(s).
(If Primary Beneficiary is other than spouse, spousal consent is required.)

I hereby certify that I am **not** married, and designate as my Beneficiary(ies) the following person(s).

Primary Beneficiary(ies)				
First Name / Middle Initial / Last Name or Name of Trust	Social Security Number or Tax ID Number	Share %	Date of Birth or Date of Trust	Relationship or Trust
1.				
2.				
3.				
		Total = 100%		

Contingent Beneficiary(ies)				
First Name / Middle Initial / Last Name or Name of Trust	Social Security Number or Tax ID Number	Share %	Date of Birth or Date of Trust	Relationship or Trust
1.				
2.				
3.				
		Total = 100%		

Employee's Signature

Date

SPOUSAL CONSENT (For Married Employees Only):

I hereby approve of, and consent to, the designation of Beneficiary(ies) elected by my spouse above. I understand that in approving a Beneficiary(ies) other than myself, I am waiving my right to any benefit under the Plan. I further understand that this designation will remain in effect until a subsequent Beneficiary(ies) designation with my written consent is filed.

Spouse's Signature

Date

Notary Public

Date

Authorized Employer Representative

An Authorized Representative of the Employer must sign and date this form.

Authorized Employer Representative's Signature

Date

Note: Beneficiary designation information is solely for the use of the Employer. This information shall not be maintained or acted upon by any other party. Please report any change to this information directly to your Employer.