

Designation of Beneficiary

Participant's Name:			
Marital Status: Married Single			
I wish to designate the following beneficiary may become payable upon death. I hereby			
If married, you may designate a non-spo remaining Defined Contribution balance			and/or
The primary beneficiary for any applicable year of my salary) shall be: (Please comple	•		Plan (up to one
Name		Relationship	
The primary beneficiary for any remaining	Defined Contribution Plan ba	lance shall be:	
Name		Relationship	
Secondary Beneficiary(ies) will be:			
Name and Phone	Relationship/Birthdate	Benefit Type	% Share
		Death Benefit:	
		Defined Contribution:	
		Death Benefit:	
		Defined Contribution:	
		Death Benefit:	
		Defined Contribution:	
		Death Benefit:	
		Defined Contribution:	
		Death Benefit:	
		Defined Contribution:	
Participant's Signature Da	te		

Note: If your spouse is not 100% primary beneficiary for both the applicable death benefit and the Defined Contribution balance, then page 2 is required to be completed and notarized.

Designation of Beneficiary, Cont'd.

SPOUSE'S CONSENT - (Married Participants Only)

myself for the applicable benefit described on page 1 or reasonable disclosure of my spouse's death benefits ar	agree to my spouse naming a primary beneficiary other than f this form. I acknowledge that I have received a fair and nd Defined Contribution balances. I also acknowledge that I shall nt Plan for any payment to my spouse's named beneficiary(ies).
Spouse's Signature Date	
Notary Public	
Subscribed and sworn to before me thisday of	, 20(notary public)
Notary's Signature Date	
(Notary seal)	