



<b>Participant Name:</b>		<b>Social Security Number:</b>	
<p>I hereby designate the following individual(s) as my primary and contingent beneficiaries in the event of my death prior to the date on which my benefits commence to be paid under the Plan. I understand that, by law, if I am married I must name my spouse as my sole primary beneficiary unless I obtain notarized spousal consent.</p> <p><b>If a designated primary beneficiary dies prior to the owner, that primary beneficiary's share will be divided equally among the surviving beneficiaries. If no primary beneficiary(ies) survives the participant, benefits will be paid to the contingent beneficiary(ies).</b></p>			
<b>Primary Beneficiary(ies):</b>			
<b>Name:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>	
<b>Address:</b>	<b>Relationship:</b>	<b>Percentage of Benefit: %</b>	
<b>Name:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>	
<b>Address:</b>	<b>Relationship:</b>	<b>Percentage of Benefit: %</b>	
<b>Contingent Beneficiary(ies):</b>			
<b>Name:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>	
<b>Address:</b>	<b>Relationship:</b>	<b>Percentage of Benefit: %</b>	
<b>Name:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>	
<b>Address:</b>	<b>Relationship:</b>	<b>Percentage of Benefit: %</b>	
<p>_____ Initial here if you would like to designate any additional beneficiaries that do not fit within the spaces provided above. Please write the information on a separate sheet of paper. Sign and date the page, and staple it to this form.</p> <p>I revoke all previous designations and direct that this account be distributed upon my death to the designated beneficiary(ies) above. I understand that if I become married in the future, 100% of my account balance will be paid at the time of my death to my surviving spouse unless I file a new beneficiary designation with the required spousal consent.</p>			
<b>Participant Signature:</b>		<b>Date:</b>	
<p>Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the Employer, and that by doing so, I revoke all prior designations.</p> <p><b>SPOUSAL CONSENT:</b> (complete only if married and primary beneficiary is not spouse)          By signing this spousal consent, I verify that I am the spouse of the participant whose name appears on this form. I understand that my spouse has chosen to name someone other than me as the sole primary beneficiary under this plan and that this designation is not valid without my irrevocable consent. I hereby irrevocably consent to the beneficiary designation on this form. I further acknowledge that my consent is irrevocable unless my spouse revokes this designation. I acknowledge that I had the opportunity to consult my attorney or other professional concerning this waiver, if I had so desired.</p>			
<b>Spouse Name:</b>	<b>Spouse Signature:</b>	<b>Date:</b>	
<b>The Foregoing Spousal Consent was subscribed and sworn before me on:   Date:</b>			
<b>Notary Public Name:</b>	<b>Notary Signature:</b>	<b>State/County:</b>	