

Please read the instructions and information below carefully before completing this form.

The designation of a beneficiary can have important tax consequences. You are encouraged to consult your tax adviser before completing this form. You should periodically review and update your beneficiary designations as appropriate.

If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs Section 3 of this form.

1 Information about you

Please type or print clearly.

Name of participant	Name of employer
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SSN of participant (last four digits)	Date of birth of participant (mm/dd/yyyy)

Marital status:
 Married Single

2 Beneficiary designation

If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When percentages are not indicated, the beneficiaries' shares will be divided equally. If you wish to customize your designation or need more space, attach a separate page.

Primary Beneficiary(ies):

I revoke all previous designations and direct that any proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, distribute any proceeds to my estate.

1. _____	MI	_____	
First name (print)		Last	
_____		<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ %
Relationship		Date of birth (mm/dd/yyyy)	
2. _____	MI	_____	
First name (print)		Last	
_____		<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ %
Relationship		Date of birth (mm/dd/yyyy)	
			Total <u><u>100</u></u> %

Contingent Beneficiary: (Complete only if you are naming a Primary Beneficiary above.)

1. _____	MI	_____	
First name (print)		Last	
_____		<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ %
Relationship		Date of birth (mm/dd/yyyy)	
2. _____	MI	_____	
First name (print)		Last	
_____		<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ %
Relationship		Date of birth (mm/dd/yyyy)	
			Total <u><u>100</u></u> %

3 Spousal consent

The signature of the spouse must be witnessed by either a plan representative or a notary public.

I am the spouse of the participant named in Section 1. I understand that my spouse's beneficiary designation means that I will not receive at least 50% of his or her vested account balance under the plan and that my spouse's election is not valid unless I consent to it. I understand that by consenting to the beneficiary designation, I give up my right to a qualified pre-retirement survivor annuity. I hereby voluntarily consent to the Primary Beneficiary(ies) named in Section 2. I understand that my consent is irrevocable unless my spouse revokes the waiver election, changes the beneficiary designation or designates me to receive at least 50% of his or her vested account balance.

_____ MI _____ Last _____
 First name of spouse (print)

X _____ / ____ / ____
 Signature of spouse Date (mm/dd/yyyy)

Either a plan representative appointed by the employer **or** a notary public must witness the signature of the spouse.

_____ **X** _____
 Name of plan representative (print) Signature of plan representative

Sworn to and subscribed before me, this _____ day of _____ , _____
 Month Year

in the County of _____ , State of _____

X _____ / ____ / ____
 Signature of notary public Date commission expires (mm/dd/yyyy)

Please return this form to your employer.