



BENEFICIARY DESIGNATION FORM

- Use this form to name a beneficiary to receive any benefits payable under the Plan in the event of your death.
- You should review your beneficiary designation any time your marital status changes. You may change your beneficiary at any time by filing a new "Beneficiary Designation Form."
- Your choices on this form may affect your taxes. You may want to consult a tax or financial advisor.
- Please return your completed form to your local Human Resources Representative.

1. PARTICIPANT INFORMATION

_____-_____-_____
SOCIAL SECURITY NUMBER

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS APT #

CITY STATE ZIP CODE

(_____)_____-_____
DAYTIME TELEPHONE NUMBER

(_____)_____-_____
EVENING TELEPHONE NUMBER

2. STATEMENT OF MARITAL STATUS

I understand that if I am married and have not designated my spouse as the primary beneficiary of the amounts due under the plan upon my death, this form will not be valid unless my spouse has consented by signing section 5 and by having his or her signature witnessed by a Plan representative or a notary public. I also understand that if I am not married at this time, but I later marry before receiving the full amount of my benefits, my spouse will automatically become the primary beneficiary of the amounts due upon my death unless he or she consents to the designation of an alternative beneficiary in accordance with the procedures described in this paragraph.

I certify that I am:

- Married. (If you are married, your spouse must complete the "Spousal Consent" section below if you name anyone other than your spouse as a primary beneficiary.)
- Not married. (If you later marry, your new spouse will automatically become the sole primary beneficiary, unless you complete a new "Beneficiary Designation Form.")



3. DESIGNATION OF BENEFICIARIES

I name the following primary beneficiary(ies) to receive any amounts payable to me under the Plan at my death:

Primary Beneficiary's Name	Social Security No.	Date of Birth MM/DD/YYYY	Relationship ("None" if not related)	Benefit %
1.		/ /		%
2.		/ /		%
3.		/ /		%

I also name the following secondary beneficiary(ies). Secondary beneficiaries only receive any benefit due if I am not survived by any primary beneficiary (*complete only if you want to designate secondary beneficiary(ies)*):

Secondary Beneficiary's Name	Social Security No.	Date of Birth MM/DD/YYYY	Relationship ("None" if not related)	Benefit %
1.		/ /		%
2.		/ /		%
3.		/ /		%

If you name two or more primary beneficiaries or two or more secondary beneficiaries, your benefits will be divided equally among the surviving primary or secondary beneficiaries (whichever applies), unless you accurately indicate otherwise in the "Benefit %" columns. Make sure the benefit percentages you list total 100%. If any of your primary or secondary beneficiaries dies before you do, your benefits will be reallocated among the surviving primary or secondary beneficiaries (whichever applies), in proportion to the percentages you designated for them.

4. PARTICIPANT SIGNATURE

I hereby make the designation of beneficiary(ies) specified above and revoke any previous designations made under the Plan. I understand that I may only change the beneficiary(ies) named above by filing a new Beneficiary Designation form, in good order.

Signature of Participant

_____/_____/_____
MM DD YYYY

5. SPOUSAL CONSENT

Your spouse must complete the "Spousal Consent" section below only if you are married and name anyone other than your spouse as a primary beneficiary.

I am the spouse of the participant whose signature appears above. I understand that I have the right to all of my spouse's vested account in the Plan after my spouse dies. I agree to give up that right and to have that amount paid to the beneficiary(ies) named above. I understand that my spouse cannot change the name of any beneficiary in the future unless I consent to the change. I understand that by signing this Spousal Consent, I may receive less money than I would have received if I had not signed this Spousal Consent, and I may receive nothing from the Plan after my spouse dies. I understand that I do not have to sign this Spousal Consent. I am signing this Spousal Consent voluntarily. I understand that if I do not sign this Spousal Consent, then I will receive my spouse's vested account under the Plan when my spouse dies.

Print Full Name

_____-_____-_____
Social Security Number

Signature of Spouse

_____/_____/_____
MM DD YYYY

WITNESSED:

Signature of Notary Public or Authorized Plan Representative

_____/_____/_____
MM DD YYYY

(seal)

My commission expires _____