

BENEFICIARY DESIGNATION FORM

PLAN NAME	Name of Plan: _____
PARTICIPANT INFORMATION	Name: _____ Date of Birth: _____ Address: _____ Social Security Number _____ City: _____ State: _____ Zip: _____ Phone: _____
DESIGNATION OF BENEFICIARY (IES)	As a Participant in the above Plan, I hereby designate the primary and contingent Beneficiary(ies) as listed below. If I have designated a Beneficiary other than my Spouse, my Spouse has consented to the designation by signing the consent below before a notary or Plan representative. If not married, please complete the "Certification of Marital Status" below. If no primary Beneficiary(ies) survives me, the contingent Beneficiary(ies) shall acquire the designated share of my Plan benefits. <i>Please check Primary or Contingent as applicable for the Beneficiaries.</i> If no designation of Primary or Contingent is made, any beneficiary named will be deemed to be a primary Beneficiary. <input type="checkbox"/> Primary NAME: _____ SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____ ADDRESS _____ AMOUNT _____ or _____ % RELATIONSHIP: _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent NAME: _____ SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____ ADDRESS: _____ AMOUNT _____ or _____ % RELATIONSHIP: _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent NAME: _____ SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____ BIRTH: _____ ADDRESS: _____ AMOUNT _____ or _____ % RELATIONSHIP: _____
PAYOUT METHOD	Any death benefit due my designated Beneficiary or Beneficiaries shall be payable as follows (select one): <input type="checkbox"/> My Beneficiary(ies) will select his/her own method of payment. My Beneficiary(ies) will receive installment payments over a period not to exceed the life expectancy of my Beneficiary or Beneficiaries (only available if your Vested Account Balance exceeds \$5,000). <input type="checkbox"/> My Beneficiary(ies) will receive a Lump Sum payout. My Beneficiary(ies) will receive a Life Annuity: [only available in Money Purchase Plans; Profit Sharing and 401(K) PROFIT SHARING PLANS may only use this option if subject to the Qualified Joint and Survivor Annuity Rules]. Participant Signature: _____ Witness Signature: _____ _____
SPOUSAL CONSENT TO BENEFICIARY DESIGNATION NOTARY'S SIGNATURE/ SEAL OR PLAN REPRESENTATIVE	I hereby consent to the designation of the above Beneficiary(ies) to my Spouse's benefit. I understand that I am entitled to receive a benefit under the Plan unless I consent to the Beneficiary designated above. I also understand that my Spouse may not change the Primary Beneficiary designation without first obtaining my written consent. PARTICIPANT'S SPOUSE SIGNATURE _____ DATE _____ <i>The signature of the Spouse must be witnessed by a notary public.</i> WITNESS: Notary Public _____ Subscribed and sworn to before me on this _____ day of _____, 20_____. SIGNATURE _____ OR _____ PLAN REPRESENTATIVE'S SIGNATURE _____ The Plan Representative may not witness his or her own form nor the form of any relative.

<p>CERTIFICATION OF MARITAL STATUS AND WITNESS (Circle line that applies)</p>	<p>I understand that if I become married in the future, my Spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my Spouse consents to my designation.</p> <p>I hereby certify that I am not now married and that there are no Plan benefits payable to a former Spouse under a prior Qualified Domestic Relations Order.</p> <p>I hereby certify that I am not now married, however, there may be a reduction in my benefits as a result of a prior Qualified Domestic Relations Order.</p> <p>I am married but I am legally separated. My Spouse will be my primary Beneficiary unless my Spouse consents to the naming of another Beneficiary.</p> <p>Participant's Signature _____</p> <p><i>The signature of the unmarried Participant must be witnessed by a notary public OR Plan representative.</i></p> <p>WITNESS: Notary Public _____</p> <p>Subscribed and sworn to before me on this _____ day of _____, 20_____.</p> <p>SIGNATURE _____ OR _____</p> <p>PLAN REPRESENTATIVE'S SIGNATURE _____</p> <p>The Plan Representative may not witness his or her own form nor the form of any relative.</p>
<p>QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY (QPSA) WAIVER</p> <p>QPSA applies only to Plans subject to the Qualified Joint and Survivor Annuity Rules</p>	<p>QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY WAIVER - PARTICIPANT AND SPOUSE</p> <p>QPSA applies only to Plans subject to the Qualified Joint and Survivor Annuity Rules.</p> <p>If the Participant is under age 35 see attached Notice regarding Qualified Pre-Retirement Survivor Annuity.</p> <p>Participant's Waiver</p> <p>As a married participant in my employer's qualified retirement plan, I acknowledge that I have read the information about Qualified Pre-Retirement Survivor Annuities attached to this form. I understand that when I die, any amount remaining in my plan account will be paid to my surviving Spouse in the form of a Pre-Retirement Survivor Annuity. I understand that I have a right to waive that form of payment.</p> <p>I hereby elect to waive the requirement that my surviving Spouse be paid any benefits that I may have in the Plan at the time of my death in the form of a Qualified Pre-Retirement Survivor Annuity. I understand and agree that this waiver is valid only if my Spouse has consented by reading and signing the statement below.</p> <p>PARTICIPANT'S SIGNATURE _____</p> <p>DATE _____</p> <p>Spouse's Waiver</p> <p>I certify that I _____ am the Spouse of the above-named Participant, and that I have read the information about Qualified Pre-Retirement Survivor Annuities that is attached to this form. Without this waiver, if the Participant dies before his or her "annuity starting date" under this Plan, my benefit would be a QPSA payable in the form of a life annuity. I have been provided with all the information that I may have requested about the economic effect of the Participant's waiver (and my consent) of the QPSA. I acknowledge that, by giving this consent, I am waiving my rights to receive any benefits under the Plan in the form of a QPSA. I hereby acknowledge and consent to the Participant's waiver of the QPSA form of payment. I understand that my consent cannot be revoked unless my spouse revokes the above waiver.</p> <p>PARTICIPANT'S SPOUSE SIGNATURE _____</p> <p>DATE _____</p>
<p>WITNESS OF SPOUSE'S CONSENT</p>	<p><i>The signature of the Spouse must be witnessed by a notary public or Plan representative.</i></p> <p>WITNESS: Notary Public _____</p> <p>Subscribed and sworn to before me on this _____ day of _____, 20_____.</p> <p>SIGNATURE _____ OR _____</p> <p>REPRESENTATIVE'S SIGNATURE _____</p> <p>a Representative may not witness his or her own form nor the form of any relative.</p>
<p>PARTICIPANT SIGNATURE</p>	<p>PARTICIPANT'S SIGNATURE _____ DATE _____</p>
<p>PLAN AUTHORIZATION</p>	<p>PLAN ADMINISTRATOR'S SIGNATURE _____ DATE _____</p>