



**Beneficiary Designation
for Death Benefits**

See reverse for instructions and explanation.

PARTICIPANT Complete this section (and Spouse section, if necessary), and submit to your employer.

Name of Participant:			
Social Security No.:		Date of Birth:	
Employer:			
Name of Plan:			
<p>I have read the explanation on the back of this form. I understand that if I am married and if I die before I retire, my Plan Benefits will be paid to my spouse. However, I have the right to waive payment to my spouse as sole beneficiary, provided my spouse consents to the waiver. I can revoke this waiver at any time. This designation replaces any previous designation.</p> <p>I designate as my primary beneficiary for benefits from this plan:</p>			
Name of Primary Beneficiary (please print)		Name of Primary Beneficiary (please print)	
Relationship	Date of Birth	Relationship	Date of Birth
Current Address		Current Address	
<p>I designate as my contingent beneficiary:</p>			
Name of Contingent Beneficiary (please print)		Name of Contingent Beneficiary (please print)	
Relationship	Date of Birth	Relationship	Date of Birth
Current Address		Current Address	
<p>I am <input type="checkbox"/> married <input type="checkbox"/> unmarried.</p> <p>If I am married and have designated someone other than my spouse as my beneficiary, this designation will be effective only if my spouse consents to it by signing in the spouse section below.</p>			
X			
Participant Signature		Date	

Please keep a copy of this form for your records.

SPOUSE Complete this section if married participant designated a non-spouse beneficiary above. Your signature must be witnessed by a Plan Representative or Notary Public.

<p>I have read the explanation on the back of this form. I understand that my consent is irrevocable unless my spouse revokes that election.</p> <p>I consent to the beneficiary designation made by my spouse. I understand that if my spouse dies prior to retirement, any benefits under the Plan will be paid to the designated beneficiary.</p>			
Name of Spouse (please print)		X	
		Witness Signature	
		Date	
X			
Spouse Signature		Title	
Date			

PLAN REPRESENTATIVE Complete this section if there is no Spouse's signature.

<p>I, _____, state that it has been established to my satisfaction that spousal consent to this election cannot be obtained because there is no spouse, or because the spouse cannot be located, or because of other circumstances which make obtaining such spousal consent impossible.</p>		
X		
Plan Representative Signature		Title
		Date

INSTRUCTIONS

- Participant must complete the "Participant" Section, and if necessary, have his or her spouse complete the "Spouse" Section.
- The participant should then return the form to the employer, who will complete the "Plan Representative" Section, if applicable, and keep the completed form on file for future reference.

EXPLANATION OF DEATH BENEFIT

MARRIED PARTICIPANTS:

If you die before you retire, your retirement plan provides that any plan benefits to which you are entitled will be paid to your surviving spouse. Your surviving spouse is the spouse to whom you were married throughout the one-year period ending on your date of death.

However, if your spouse consents in writing, you may designate a beneficiary other than your spouse to receive the benefits. Your spouse's consent must be witnessed by the Plan Administrator or the Plan Administrator's representative or by a Notary Public.

You may not change your beneficiary designation without your spouse's written consent.

You may revoke your election at any time. To make a new election, you must again obtain your spouse's written consent.

UNMARRIED PARTICIPANTS:

You may designate a beneficiary to receive any benefits to which you are entitled if you die before you retire.

If you marry after completing this form, your beneficiary designation election may no longer be valid and your spouse may be entitled to the benefits described above for married participants.

The Plan Administrator may require information from you if there is any question about your marital status.

IF YOUR MARITAL STATUS CHANGES OR IF YOU HAVE ANY QUESTIONS ABOUT THIS EXPLANATION, PLEASE CONTACT THE PLAN ADMINISTRATOR.