

Beneficiary Designation/Change Form

Plan Name: _____

Participant Names: _____

SSN: _____

I. Designation of Beneficiary

Pursuant to the designation of a Beneficiary or Beneficiaries by a Plan Participant, I hereby designate the following as primary and contingent Beneficiaries of my Accumulated Benefits which will be paid by reason of my death under the provisions of the Plan. The Trustee shall pay all Accumulated Benefits under the Plan by reason of death to the primary Beneficiary(ies), and if no primary Beneficiary(ies) shall survive, then to the contingent Beneficiary(ies), and if no contingent Beneficiary(ies), survive(s), or are designated, then to the surviving spouse (if any) or to the estate of the Participant. If more than one Beneficiary is designated, such Beneficiaries share equally unless otherwise specified. The Trustee shall make payment in accordance with the most recent Beneficiary Data Sheet, which is on file with the Plan Sponsor.

Primary Beneficiary: <small>(Note: Percentage must be equal 100.)</small>			Additional Primary Beneficiary:		
Name	Relationship		Name	Relationship	
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code
Contingent Beneficiary:			Additional Contingent Beneficiary:		
Name	Relationship		Name	Relationship	
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code

If the primary Beneficiary of the Participant is a person other than the Participant's spouse, or if more than one primary Beneficiary is named, the spouse must indicated consent by completing Section II. If the Participant is not married or if whereabouts of the spouse are unknown, the Participant should complete Sections III.

II. Spouse's Consent

I hereby consent to the foregoing Beneficiary Designation of my spouse. Furthermore, I acknowledge that I understand that (1) the effect of my consent to this designation may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) my spouse's designations is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the above Beneficiary Designation.

Executed this _____ day of _____, _____

Witnessed by Notary Public

Spouse's Signature

III. Statement of Participant's Marital Status

Under the full penalties of State and Federal Law, I do swear that: (____) I have no living spouse; or (____) I have no knowledge of the whereabouts of my spouse.

Participant's Signature

Date

The right to revoke or change any beneficiary designation is hereby reserved. All prior beneficiary designations (if any) are hereby revoked.

Participant's Signature

Date

Executed this _____ day of _____, _____

Witnessed by Notary Public *Please make copies of form if needed*

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Additional Designation of Beneficiary

Additional Primary Beneficiary:			Additional Primary Beneficiary:		
Name		Relationship	Name		Relationship
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code
Additional Primary Beneficiary:			Additional Primary Beneficiary:		
Name		Relationship	Name		Relationship
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code
Additional Primary Beneficiary:			Additional Primary Beneficiary:		
Name		Relationship	Name		Relationship
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code
Additional Contingent Beneficiary:			Additional Contingent Beneficiary:		
Name		Relationship	Name		Relationship
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code
Additional Contingent Beneficiary:			Additional Contingent Beneficiary:		
Name		Relationship	Name		Relationship
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code