

BENEFICIARY DESIGNATION

PLAN NAME: _____

Participant: _____ Social Security #: _____

CERTIFICATION OF MARITAL STATUS

- I certify that **I AM NOT MARRIED** at this time. I understand that if I later marry and my spouse outlives me, this Beneficiary Designation will be revoked and my spouse will be the beneficiary of my death benefit under the Plan.
- I certify that **I AM MARRIED** at this time. I understand that if I designate a person other than my spouse as primary beneficiary, my spouse's notarized signature is required. If I become divorced, this Beneficiary Designation will be revoked and if I do not complete a new Beneficiary Designation, the death benefits will be paid to (1) my spouse, or if none my surviving children, or if none my estate.

DESIGNATION OF BENEFICIARY

I designate the person or persons listed below as my primary beneficiary or beneficiaries (and contingent beneficiaries) to receive any death benefits under the Plan, and I direct that such amount be divided among such persons in accordance to the percentage(s) provided.

SPOUSE AS PRIMARY BENEFICIARY: I would like my spouse to receive my entire account balance at my death.

Spouse's Name: _____

NON-SPOUSE PRIMARY BENEFICIARY OR BENEFICIARIES: I would like the following person(s) to receive my account balance upon my death. *(If you are married, please have your spouse complete the Spousal Consent below.)*

Name	Address	Relationship	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPOUSAL CONSENT. I understand that I have legal right to a death benefit equal to my spouse's entire account balance. I have read the above beneficiary designation and consent to it. I understand that by consenting, I am giving up my right of benefits paid under the Plan.

Spouse's Signature: _____ Date: _____

Witness by Notary. State of _____ County of _____

Before me, the undersigned, a Notary Public personally appeared the spouse name above and executed the spousal consent as a free and voluntary act. In witness whereof, I have signed my name and affixed my official notarial seal.

(seal) _____
Notary Public Date

CONTINGENT BENEFICIARY OR BENEFICIARIES

If no Primary Beneficiary listed above is alive at my death, the following person(s) should receive my account balance in accordance with the percentages shown.

Name	Address	Relationship	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARTICIPANT SIGNATURE

Participant Signature: _____ Date: _____