

BENEFICIARY DESIGNATION FORM

PARTICIPANT'S NAME: _____
(please print)

With respect to any amount payable under the _____ by reason of my death, I hereby revoke any beneficiary designation heretofore made to me, and in lieu thereof, I hereby designate the following as my beneficiary. Furthermore, this beneficiary designation constitutes an election not to have my spouse receive a Survivor Annuity under the Plan in the event I shall die before retirement.

Section I – Check either A, B or C below and be sure to complete Section II

A.) 100% to my spouse: _____

B.) 50% to my spouse and 50% to the following beneficiary or beneficiaries:

My children, per stirpes. (the interest left to my children will be divided into one share for each child, including deceased children who have surviving children of their own.)

My children, per capita. (the interest left to my children will be divided into one share for each child who survives me.)

My beneficiary or beneficiaries designated as follows:

Name: _____ Relationship: _____

Address: _____ Percentage: _____%

Name: _____ Relationship: _____

Address: _____ Percentage: _____%

C.) 100% to my beneficiary or beneficiaries designated as follows:

Name: _____ Relationship: _____

Address: _____ Percentage: _____%

Name: _____ Relationship: _____

Address: _____ Percentage: _____%

Section II

In the event an above named beneficiary is not living at the time of my death, I hereby elect the following contingent beneficiary:

Name: _____ Relationship: _____

Address: _____ Percentage: _____%

In addition, I further elect that any death benefit to which the above named beneficiary is entitled upon the date of my death should be paid to such beneficiary in the following manner:

In one lump sum payment. - OR - In installments over a period of _____ years.

Executed by the undersigned this _____ day of _____, 201__.

SIGNATURE OF PARTICIPANT

Signature of Plan Trustee or Notary Public

SPOUSAL CONSENT (Mandatory unless box below has been checked)

I _____ spouse of the above named participant, hereby consent to the forgoing Beneficiary Designation and further waive my right to a Qualified Pre-Retirement Survivor Annuity and/or Qualified Joint and Survivor Annuity as provided for in sections 401(a)(11) and 417 of the Internal Revenue Code. My rights under these sections have been fully explained to me I have made this waiver fully understanding these rights.

Signature of Spouse -OR- I am currently not married, and have not been married any time during the last 12 months.