

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 A, B or C below and be sure to complete Sections II and III

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(ies) designated as follows:

Name: _____ Relationship: _____

Address: _____ Percentage: _____%

Name: _____ Relationship: _____

Address: _____ Percentage: _____%

C.) 100% to my beneficiary(ies) designated as follows:

Name: _____ Relationship: _____

Address: _____ Pct: _____%

Name: _____ Relationship: _____

Address: _____ Pct: _____%

Name: _____ Relationship: _____

Address: _____ Pct: _____%

Name: _____ Relationship: _____

Address: _____ Pct: _____%

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(ies):

Name: _____ Relationship: _____

Address: _____ Pct: _____%

Name: _____ Relationship: _____

Address: _____ Pct: _____%

SECTION III

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

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

Executed by the undersigned this _____ day of _____, 202__.

SIGN HERE

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.**