

## BENEFICIARY DESIGNATION

As a Participant in Plan: \_\_\_\_\_, I, \_\_\_\_\_, hereby acknowledge that the Plan Administrator has informed me that should I die before retirement, my Vested Benefit shall be paid to my spouse, provided we have been married for at least one year at the time of my death.

### Check applicable provision

- If my spouse does not survive me, I direct that my benefit be paid in equal shares to such of my children as shall be living at my death, except that the then living descendants of a deceased child of mine shall take per stirpes the share which the child would have received if living. I intend that this provision provide for all my children, including any hereafter born or adopted.
- If my spouse does not survive me, I direct that my benefit be paid in equal shares to such of my children as shall be living at my death. (per capita) I intend that this provision provide for all my children, including any hereafter born or adopted.
- If my spouse does not survive me, I direct that my benefit be paid to my Beneficiaries in the shares designated below.
- As of the date of this designation, I hereby certify that I am not currently married and designate the following person(s) as my Beneficiary(ies) in the event I die before I retire. I understand that this Designation shall be automatically revoked if I marry between now and my death or retirement from the Plan, and my Vested Benefit shall be paid to my spouse, provided we have been married for at least one year at the time of my death. I may, at that time and with the consent of my spouse, execute a waiver of my spouse as my designated Beneficiary and name a new Beneficiary in place thereof.
- With the consent of my spouse, \_\_\_\_\_, I have appointed the following Primary Beneficiaries:

**Primary Beneficiaries:**

**Spouse's Initials**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Percentage of total benefit to be paid to the above person \_\_\_\_\_ %.

[    ]

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Percentage of total benefit to be paid to the above person \_\_\_\_\_ %.

[    ]

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Percentage of total benefit to be paid to the above person \_\_\_\_\_ %.

[    ]

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Percentage of total benefit to be paid to the above person \_\_\_\_\_ %.

[    ]

Check applicable provision

- I have designated more than one Primary Beneficiary, and if at least one, but fewer than all, of those Primary Beneficiaries survive me, I direct that the death benefit be divided among my surviving Primary Beneficiaries in the ratio established by the percentages indicated. If the percentages do not add up to 100%, the benefit shall be allocated by the ratio of the percentages.
- I have designated more than one Primary Beneficiary, If I die survived by Designated Beneficiaries and if all such surviving Beneficiaries thereafter die before complete distribution of my interest in the Plan, the estate(s) of such Designated Beneficiaries shall be deemed to be the Beneficiary of the undistributed portion of such interest.
- If my spouse, children, or Primary Beneficiaries all fail to survive me then I name the following Contingent Beneficiaries:

**Contingent Beneficiaries:**

**Spouse's  
Initials**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_ %.

[    ]

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_ %.

[    ]

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_ %.

[    ]

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_ %.

[    ]

- I have designated more than one Contingent Beneficiary, and if at least one, but fewer than all, of those Contingent Beneficiaries survive me, I direct that the death benefit be divided among my surviving Contingent Beneficiaries in the ratio established by the percentages indicated. If the percentages do not add up to 100%, the benefit shall be allocated by the ratio of the percentages.

**Please consult your legal advisor for assistance in completing this form.**

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Participant's Signature

Social Security Number

Witness

**Spousal Consent  
Designation of Non-spousal Beneficiary  
With Revocation and Limitation Elections**

Plan Name: \_\_\_\_\_

Participant: \_\_\_\_\_

Participant's Spouse: \_\_\_\_\_

I, the undersigned Spouse of the above named Plan Participant, do hereby give my consent to the designation by my Spouse of the Primary Beneficiary(ies) and Contingent Beneficiary(ies) respectively, named in the attached Beneficiary Designation, which is dated \_\_\_\_\_, to receive any benefit that becomes payable by reason of the death of my Spouse. I also consent to the payment of death benefits to such Beneficiaries in any form provided by the Plan. I have initialed each designation of Beneficiary on the attached form.

I understand that if this consent is in effect at the time of my Spouse's death, I have waived (given up) any claim to any right I might then have to any benefit payable under the Plan, due to my Spouse's death, except to the extent that my Spouse may name me specifically as a Beneficiary of benefits from the Plan. I also understand that if I do not give this consent, I have a right protected by law (subject to the provisions of any applicable qualified domestic relations order in favor of another person) to benefits payable in the event of the death of my Spouse if my Spouse dies while married to me.

[Options check the applicable box and initial your selection] Must check at least one

This consent and waiver is my free and voluntary act. By giving this consent, I am voluntarily relinquishing my right to limit my consent to a specific Beneficiary or to a specific form of benefits. I intend the consent and waiver set forth herein to continue to be effective in the event of my incompetency.

This consent and waiver is my free and voluntary act. By giving this consent, I am not relinquishing my right to limit my consent to a specific form of benefits or Beneficiary. Any change in Beneficiary or the form of benefit must be consented to by me. I intend the consent and waiver set forth herein to continue to be effective in the event of my incompetency.

I understand that I have the right to revoke this consent and waiver by delivering to the Plan Administrator, on forms satisfactory to such Plan Administrator, a written revocation of this consent and waiver, provided however, that to be effective, such revocation must be delivered before the death of my Spouse. Upon the death of my Spouse, the consent and waiver contained herein, if not previously revoked, shall be irrevocable.

I understand that I CANNOT REVOKE this consent, and that, by executing this consent, I am voluntarily relinquishing my right to limit this consent to a specific Beneficiary or to a specific form of benefits.

**Please consult your legal advisor for assistance in completing this form.**

\_\_\_\_\_  
Signature of Spouse

Executed: \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for the County of \_\_\_\_\_,  
State of \_\_\_\_\_, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_ before me came \_\_\_\_\_, to me known to be the person whose name  
is subscribed above, and that he/she did in my presence execute the Spousal Consent and  
Waiver, having acknowledged to me that he/she did so as a free and voluntary act.

(  
(  
(  
( SEAL )  
( )  
( )  
( )  
( )  
( )  
( )

)  
)  
)  
)  
)  
)  
)  
)  
)  
)

Notary Public  
My Commission Expires: