

BENEFICIARY DESIGNATION FORM

Name of Plan: _____

Name of Participant: _____

Social Security Number: _____

I hereby direct that the amounts to which I am entitled under the Plan be paid, after my death, as follows:

Primary Beneficiaries:

Name	Address and Birth Date (if available)	Relationship	% Share of Benefit

If more than one primary beneficiary is named, they shall share equally, unless otherwise stated.

If my primary beneficiary(ies) predecease(s) me, or disclaims benefits, or if my primary beneficiary is a trust which, for any reason, has not been created as of my date of death, then my contingent beneficiary(ies) who will be entitled to receive benefits are as follows:

Contingent Beneficiaries:

Name	Address and Birth Date (if available)	Relationship	% Share of Benefit

If more than one contingent beneficiary is named, they shall share equally, unless otherwise stated.

As a Participant in above Plan, I hereby acknowledge 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. I understand that if I am married and designate someone other than my spouse to receive benefits payable on account of my death, my spouse must consent to that designation. I also understand that my spouse's consent must be in writing and witnessed by a Notary Public, unless I certify that I cannot locate my spouse.

I understand that this Designation shall be automatically revoked if I marry between now and my death or retirement from the Plan, and the above paragraph shall become effective. I understand that if I am now married and I later divorce, this beneficiary designation form will only be invalid if I remarry another person. I understand that, at any time, I may revoke, alter, or amend this beneficiary designation in any way by executing a new beneficiary form.

IN WITNESS WHEREOF, EXECUTED this _____ day of _____, 2____.

Participant's Signature

(Please see other side)

SPOUSAL CONSENT TO BENEFICIARY DESIGNATION

Name of Participant: _____

Name of Spouse: _____

I, the Spouse of the above named Plan Participant, do hereby give my consent to the designation by my Spouse of the Primary Beneficiary(ies) named in the attached Beneficiary Designation, which is dated _____, and to the designation by my Spouse of the Contingent Beneficiary(ies) named in the attached Beneficiary Designation. I understand that the Primary and Contingent Beneficiaries, respectively, will receive any benefit becoming payable by reason of the death of my Spouse.

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 under the Plan payable due to my Spouse's death, except to the extent that my Spouse may name me specifically as a Beneficiary herein. I also understand that, had I not given this consent, I would have had 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.

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.

Signature of Spouse

Date

Notary Public Certification:

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: _____