

BENEFICIARY DESIGNATION FORM

Name of Plan: _____

Name: _____ Soc. Sec. No. _____

PRIMARY BENEFICIARY(IES)

Enter Name(s), Social Security Number(s), Relationship(s) and Address(es)

Note: If you are married and do not name your spouse as your sole primary beneficiary, your spouse must consent by signing the second page of this form. If your spouse does not sign the consent, your designation will not be effective, and your spouse will be deemed your beneficiary.

SECONDARY BENEFICIARY(IES)

Enter Name(s), Social Security Number(s), Relationship(s) and Address(es)

I reserve the right to change, at any time, the designation above by written notice and the written consent of my spouse. This change will be effective on the date such written notice is received and acknowledged by the Employer.

Payment of any amount becoming due by reason of my death shall be made to my primary beneficiary (or equally to my beneficiaries if more than one) who survives me and is living on the date payment becomes due; or if my primary beneficiary does not survive me, to my secondary beneficiary (or equally to my beneficiaries if more than one) who survives me and is living on the date payment becomes due. I understand that if the primary and secondary beneficiaries do not survive me or if I do not name a beneficiary, any benefits in the event of my death will be paid according to the terms of the Plan.

Check the box applicable to your marital status and sign the statement following.

Single

Married

I certify that this is a true and accurate statement of my marital status as of this date.

_____/_____/_____
Participant's Signature Date Witness

WHEN CONSENT OF YOUR SPOUSE IS REQUIRED

If you are married and wish to name a person or entity (such as a trust) other than your spouse as your sole primary beneficiary, your spouse must consent by signing this form.

I, _____, the spouse of the above named Participant, do hereby acknowledge that I have been informed of my right to receive proceeds from the _____ (plan name) upon the death of my spouse, and do hereby consent to the naming of the beneficiary(ies) shown on the first page of this form to receive part or all of the benefits payable under the Plan as a result of the Participant's death, and that I understand that I am waiving a substantial right.

Date

Participant's Spouse's Signature

The signature of the Participant's Spouse must be witnessed by a Plan representative or a Notary Public.

WITNESS:

Date

Plan Representative's Signature

OR

I, _____, A Notary Public for the County of _____ and the State of _____ do hereby certify that _____ personally appeared before me this day and acknowledged that he/she is the spouse of _____, and that the above consent was signed by him/her.

WITNESS my hand and notary seal or stamp, this the _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

(Return completed form to your company's Plan Administrator.)