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## DESIGNATION OF BENEFICIARY

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Plan Name

Regarding the amount payable under the Plan by reason of my death, I hereby mark the option applicable to my situation, and, if necessary, designate the following beneficiary(ies):

- I am a married\* participant selecting my spouse as my primary beneficiary. I understand that any death benefit will automatically be paid to my surviving spouse **UNLESS** I designate another beneficiary of my choosing. Provided no election is made to change my beneficiary (MY SPOUSE THEREBY REMAINS THE BENEFICIARY OF THE DEATH BENEFIT), I hereby designate the following contingent beneficiary if my spouse does not survive me.
- I am a married\* participant selecting someone other than my spouse as my primary beneficiary. I understand that by designating a primary beneficiary other than my spouse, my spouse must consent in writing to such designation, and the consent must be witnessed by an authorized company representative or a notary public. I further understand that my designation **WILL NOT BE GIVEN EFFECT until my spouse consents in writing and such consent is properly completed and filed with the Plan Administrator.**
- I am an unmarried participant. I understand that I may designate the beneficiary of my choice. I designate as beneficiary the person(s) named below. However, I further understand that if I hereafter marry, this will revoke the designation. I agree to inform the Plan Administrator of any change in my marital status.

**Please Print:**

**Primary Beneficiary:**

(If married, your spouse, unless your spouse consents in writing\*\*)

**Contingent Beneficiary:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**NOTE: If you wish to have your benefit divided amongst multiple persons, please complete and attach to this form a "Multiple Beneficiary Election" form.**

I understand that if no named beneficiary survives me, then the Trustee(s) will pay all amounts in accordance with the Plan's death beneficiary provisions. I hereby reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of Primary Beneficiaries and Contingent Beneficiaries.

\_\_\_\_\_  
*Date of this Designation*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date received by Plan Administrator*

\_\_\_\_\_  
*Signature of Plan Administrator*

**\* If you are in the process of divorce, you are still considered married.**

**\*\* Spouse must complete the attached "Consent of Spouse" form.**