

BENEFICIARY FORM

SECTION A: NAME AND ADDRESS

Last Name First Name Middle Telephone Date of Birth Date of Hire
Rehire? Yes No

Address City State Zip Participant's Social Security Number

SECTION B: BENEFICIARY DESIGNATION

My present marital status: Single _____ Married _____

If you have more than one primary beneficiary, your vested account balance will be divided as you specify below. Should a beneficiary predecease you, his/her share of the assets will be reallocated proportionately to surviving primary beneficiaries. Contingent beneficiaries receive benefits only if there is no surviving primary beneficiary. Should a contingent beneficiary predecease you, their share of the assets will be reallocated proportionately to surviving contingent beneficiaries.

	Name	Relationship	
Primary Beneficiary(ies)	_____	_____	_____ % > must
	_____	_____	_____ % total 100%
Contingent Beneficiary(ies)	_____	_____	_____ % > must
	_____	_____	_____ % total 100%

If you are now married and the above primary beneficiary is someone other than your spouse, the following approval must be signed by your spouse and notarized. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary form.

I consent to the beneficiary designation above: _____
Signature of participant's spouse Date

This instrument was signed before me on _____ 19__ by _____
Plan Representative or Notary Public for _____
My commission expires _____

SECTION C: PARTICIPANT AUTHORIZATION

I certify that I have received a prospectus(es) or investment information for each of the investment options I have chosen. I understand that the value of investments may fluctuate over time and that risks are associated with investing in the investment options I have selected. Furthermore, I authorize the Plan Administrator to execute my directions as set forth above. I understand these directions will be in effect until they are replaced by a new form, or as required by law or the Plan. I understand that the Plan's investment options may be changed without notification to me by the Plan Administrator. Finally, I certify that the person or persons above are the beneficiary(s) of my account balance under the Plan payable by reason of my death.

Participant Signature _____ **Date** _____