

BENEFICIARY DESIGNATION AND SPOUSAL CONSENT FORM

Name: _____

Social Security No: _____

As a participant in the above Plan, I hereby designate the primary and contingent Beneficiary(ies) listed below to receive any and all benefits payable from the Plan on account in the event of my death before my benefits begin to be paid to me. If I have designated a beneficiary other than my spouse, my spouse has consented to the designation.

Primary Beneficiary

Name _____

Social Security No _____

Address _____

Relationship _____ Percentage _____

Phone _____

Name _____

Social Security No _____

Address _____

Relationship _____ Percentage _____

Phone _____

Contingent Beneficiary

Name _____

Social Security No _____

Address _____

Relationship _____ Percentage _____

Phone _____

Name _____

Social Security No _____

Address _____

Relationship _____ Percentage _____

Phone _____

If I predecease my Primary Beneficiary(ies) upon the death of my Primary Beneficiary(ies) [] remaining benefits will continue to his, her or their designee(s) [] remaining benefits will be paid to my Contingent Beneficiary(ies).

Participant's Certification

- I hereby certify that I am married, however, I have designated my spouse as the sole primary beneficiary and thus the spousal consent section below does not need to be completed.
- I hereby certify that I am married, however, I have not designated my spouse as the sole primary beneficiary and thus the spousal consent section below needs to be completed.
- I hereby certify that I am not now married and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.
- I hereby certify that I am not now married, however, there may be a reduction in my benefits as a result of a qualified domestic relations order.

Signature of Participant

Signature of Witness

Date

Spousal Consent

I hereby consent to the designation of the above Beneficiary(ies) to my spouse's benefit. I understand that I am entitled to receive a benefit under the plan unless I consent to the beneficiary designated above. I also understand that my spouse may not change the Primary Beneficiary designation without first obtaining my written consent.

When a non-spouse Beneficiary is named, spousal consent is required in Community Property States, including but not limited to AZ, CA, HI, ID, LA, MI, NV, NM, TX, WA, WI. I hereby agree and consent to the Beneficiary set forth above, and along with my agreement and consent, do hereby transmute to my spouse all my community property interest described above that I may have. I acknowledge my right to one-half of all community property in the Account and voluntarily elect to relinquish my rights to the community property interest in the Account.

I hereby approve of, and consent to, the Beneficiary designation and/or payment option adopted by my spouse as provided above. I understand that I am entitled to receive a Spouse's benefit under the Plan unless I consent to a different Beneficiary designation or form of payment. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid in either a different form or to another beneficiary or both. I further understand that my Spouse may not change the Primary Beneficiary designation on the reverse side hereof without first obtaining my written consent.

Signature of Notary Public

Name of Spouse

Date

Signature of Spouse