

BENEFICIARY DESIGNATION FORM

1. PARTICIPANT INFORMATION		PLAN NAME:	
Participant's Name (Last, First, Middle Initial)	Social Security Number	Date of Birth	

2. PURPOSE OF THIS BENEFICIARY DESIGNATION FORM

New beneficiary designation

Modification of existing beneficiary designation

3. MARITAL STATUS

I am **NOT** married. *(Check this box if you are single, divorced, legally separated, or widowed.)*
[I understand that if I should become married, any beneficiary designation under this Beneficiary Designation Form becomes null and void to the extent my spouse is not the designated beneficiary. I understand that if I should become married, I will inform the Plan Administrator of my change in marital status.]

I am married. *(Check this box and complete the following information if you are married.)*

Spouse's name _____

Spouse's date of birth _____

[I understand that my spouse is the automatic beneficiary of my entire benefit under the Plan, unless my spouse affirmatively elects to waive his/her rights on a separate Spousal Consent to Beneficiary Designation Form. Any designation of a beneficiary other than my spouse under this Beneficiary Designation Form will be null and void, to the extent my spouse does not consent to the naming of such alternate beneficiary on the Spousal Consent to Beneficiary Designation Form.]

4. PRIMARY BENEFICIARIES

I hereby designate the following person(s) as the primary beneficiary(ies) of my benefits under the above-named Plan upon my death. This designation revokes any prior beneficiary designation and will control over any other beneficiary designation made outside of the Plan. I understand that if I am married, my spouse must consent to any designation of a Primary Beneficiary other than my spouse.

My spouse is the 100% death beneficiary under the Plan upon my death.

I name the following person(s) as my primary death beneficiary(ies):

Name	Address (if known)	Relationship	%
			Total = 100%

Add additional pages if necessary for naming additional Beneficiaries.

5. CONTINGENT BENEFICIARIES (OPTIONAL)

I hereby name the following person(s) as Contingent Beneficiary(ies) should the Primary Beneficiary(ies) named above fail to survive me: *(Unless stated otherwise in 6., below, Contingent Beneficiaries will benefit only if all Primary Beneficiaries named above fail to survive me.)*

Name	Address (if known)	Relationship	%
			Total = 100%

Add additional pages if necessary for naming additional Beneficiaries.

6. SPECIAL LANGUAGE (COMPLETE THIS BOX IF YOU WISH TO ADD SPECIAL LANGUAGE REGARDING THE DESIGNATION OF PRIMARY OR CONTINGENT BENEFICIARIES UNDER THE PLAN.)

7. ACKNOWLEDGEMENT AND WAIVER

I hereby acknowledge that I have read and understand my rights, and my spouse's rights, with respect to death benefits under the Plan, as described in the *Explanation of Death Benefits and Designated Beneficiaries*. I understand that if any designated beneficiary predeceases me, that individual's share of benefits will be allocated to the remaining beneficiaries in the manner described in the *Explanation of Death Benefits and Designated Beneficiaries*.

I understand that if I am married and I wish to name a designated beneficiary other than my spouse, my spouse must agree to such designation by completing a *Spousal Consent to Beneficiary Designation Form*. I understand that any change in my marital status may affect the validity and legal effect of my designated beneficiary elections. I agree to notify the Plan Administrator of any change in my marital status.

I understand I am solely responsible for the effect and validity of this form. Neither the Plan Administrator nor any other Plan representative is responsible for the elections I have made under this form. I understand that I should seek legal counsel if I wish to ensure that this form accomplishes my intentions and will be upheld upon my death.

8. SIGNATURE

PARTICIPANT'S SIGNATURE	DATE

