

BENEFICIARY DESIGNATION FORM

Return Completed Form to Your Employer

COMPANY NAME:

PARTICIPANT INFORMATION

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Participant's Name (Last, First, Middle Initial)

Social Security Number

Birthdate

PURPOSE & EFFECTIVE DATE

- New Beneficiary Designation Modification of Existing Designation

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.**

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.

PRIMARY BENEFICIARIES

I hereby designate the following person(s) as the primary beneficiary(s) 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. The total Percentage Share below must add to 100%.

- My spouse is the 100% death beneficiary under the Plan upon my death.**
 I name the following person(s) as my primary death beneficiary(s):

| NAME AND ADDRESS (IF KNOWN) | RELATIONSHIP | PERCENTAGE SHARE |
|-----------------------------|--------------|------------------|
| | | |

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COMPANY NAME:

CONTINGENT BENEFICIARIES (OPTIONAL)

I hereby name the following person(s) as Contingent Beneficiary(s) should the Primary Beneficiary(s) named above fail to survive me. The total Percentage Share below must add to 100%. (Unless stated otherwise under the Special Language Section of this form, Contingent Beneficiaries will benefit only if all Primary Beneficiaries named above fail to survive me.)

| NAME AND ADDRESS (IF KNOWN) | RELATIONSHIP | PERCENTAGE SHARE |
|-----------------------------|--------------|------------------|
| | | |

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

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.

SIGNATURES

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Participant's Signature

Date

| | |
|--|--|
| | |
|--|--|

Employer's Signature

Date

BENEFICIARY DESIGNATION FORM INSTRUCTIONS

This Beneficiary Designation Form permits you to designate a person or person(s) to receive your Plan benefits should you die prior to taking a distribution of all amounts held on your behalf under the Plan. You may use this Beneficiary Designation Form to make an initial beneficiary designation or to change an existing beneficiary designation. *(For more information regarding death benefits under the Plan, see the Summary Plan Description (SPD), the Explanation of Death Benefits and Designated Beneficiaries, or contact your Plan Administrator or other Plan representative)*

PARTICIPANT INFORMATION. Indicate your name, Social Security number, and date of birth

PURPOSE OF THIS BENEFICIARY DESIGNATION FORM. Check the appropriate box.

- a. **New beneficiary designation.** Check this box if you are a new Plan participant or if you are an existing Plan participant and this is the first *Beneficiary Designation Form* you have completed.
- b. **Modification of existing beneficiary designation.** Check this box if you are modifying a prior beneficiary designation. This *Beneficiary Designation Form* revokes any prior beneficiary designation.

MARITAL STATUS. Check the appropriate box to designate your marital status. If you are married, your spouse is the automatic beneficiary of all your vested benefits under the Plan, unless your spouse affirmatively waives his/her rights on a separate *Spousal Consent to Designated Beneficiary Form*. *(For more information, see the Explanation of Death Benefits and Designated Beneficiaries)*

PRIMARY BENEFICIARIES. Insert the name, address (if known), relationship and percentage share of the death benefit of each Primary Beneficiary. If your beneficiary is an individual and is not your spouse or is not related to you, insert "Friend" in the column under **Relationship**. You may name your beneficiaries by group. For example, if you wish to leave your Plan benefits to your children still living at your death, insert "My children" in the **Name** column and "Children" in the **Relationship** column. If you wish to name your Estate as your beneficiary, insert "Estate" under both the **Name** and **Relationship** column. If you wish to name a Trust as your beneficiary, insert the name of the Trust and the Trustee and the date the Trust was established under the **Name** column and insert "Trust" in the **Relationship** column. *(If you name a Trust as beneficiary, you must provide additional information to the Plan Administrator. The Plan Administrator will notify you as to what additional information is needed)*

Each beneficiary will receive the share of your Plan benefits designated in the **Percentage Share** column. The total amount in the **Percentage Share** column must equal 100%. If more than one beneficiary is named for a specific share (e.g., you leave 100% of your Plan benefits to your children), then all such beneficiaries will share equally in the designated percentage of your benefits, unless specifically designated otherwise. If a Primary Beneficiary survives you, but dies prior to receiving his/her share of the death benefit, that Primary Beneficiary's estate will receive the death benefit unless you specifically provide otherwise on this form.

CONTINGENT BENEFICIARIES. Insert the name, relationship and percentage share of any Contingent Beneficiaries. You should only name a Contingent Beneficiary if you wish to name someone (other than a Primary Beneficiary) to receive your Plan benefits if all Primary Beneficiaries die before you. A Contingent Beneficiary will only receive benefits if all named Primary Beneficiaries predecease you.

A Contingent Beneficiary will receive the share of your Plan benefits designated in the **Percentage Share** column. The total amount in the **Percentage Share** column must equal 100%. If more than one Contingent Beneficiary is named for a specific share (e.g., you name your children as Contingent Beneficiaries of 100% of your Plan benefits), then all such Contingent Beneficiaries will share equally in the designated percentage of your benefits, unless designated otherwise. If a Contingent Beneficiary survives you and is entitled to a death benefit, but dies prior to receiving his/her share of the death benefit, that Contingent Beneficiary's estate will receive the death benefit unless you specifically designate otherwise on this form.

SPECIAL LANGUAGE. Use this section to add any special provisions for determining the Primary or Contingent Beneficiaries under the Plan. You may attach additional language to this Form if the space provided is not sufficient. Any special language must be consistent with the Plan terms and federal and state laws.

ACKNOWLEDGEMENT AND WAIVER. By signing this form, you acknowledge that you have read and understood the *Explanation of Death Benefits and Designated Beneficiaries*. You may request a copy of the *Explanation of Death Benefits and Designated Beneficiaries* from the Plan Administrator.

SIGNATURES. Sign and date the form. After reviewing your elections, the Employer will also sign and date the form. The designation is not effective until it is signed by both the Participant and the Employer.

EXPLANATION OF DEATH BENEFIT AND DESIGNATED BENEFICIARIES

Upon the death of a Plan participant, all vested benefits held in the Plan on the participant's behalf will be paid in accordance with the terms of the Plan to the beneficiary(s) designated on the most recent *Beneficiary Designation Form* executed by the participant. This *Explanation of Death Benefits and Designated Beneficiaries* describes the rights of Plan participants and their spouses to designate how benefits will be paid upon a participant's death. (For more information regarding the availability of death benefits under the Plan, read your *Summary Plan Description* ("SPD") or contact the Plan Administrator.)

UNMARRIED PARTICIPANTS. If a participant is not married at the time death, the participant's vested benefit will be paid to the beneficiary(s) designated in the most recent *Beneficiary Designation Form*. If a participant has not completed a *Beneficiary Designation Form*, the death benefit will be paid in accordance with the default distribution rules under the Plan. (For more information concerning the default distribution rules under the Plan, read your SPD or contact the Plan Administrator.)

MARRIED PARTICIPANTS. If a participant is married at the time of death, the participant's surviving spouse is entitled to 100% of the participant's vested benefits under the Plan. A participant is considered married if he/she is not single, divorced, legally separated (by court order), abandoned (by court order), or widowed. (See the SPD for any special rules regarding the determination of surviving spouse for purposes of determining death benefits under the Plan.) The participant may not designate an alternate non-spouse beneficiary without the consent of the spouse. If the spouse wishes to consent to the designation of an alternative beneficiary, he/she must sign a *Spousal Consent to Designated Beneficiary Form*. If the participant's spouse does not sign a *Spousal Consent to Designated Beneficiary Form*, and have it properly notarized, any designation of an alternate beneficiary on the *Beneficiary Designation Form* is null and void and the spouse will be entitled to 100% of the participant's vested benefit under the Plan upon the participant's death.

Example. Paul wishes to name his wife as beneficiary of 50% of his vested Plan benefits upon his death. Paul would like to leave the remaining 50% of his Plan benefits to his adult son, George. To name George as beneficiary of 50% of his death benefits, Paul must complete the *Beneficiary Designation Form* naming his spouse as Primary Beneficiary of 50% of the death benefit and George as Primary Beneficiary of the other 50% of the death benefit. Paul's spouse would have to complete a *Spousal Consent to Designated Beneficiary Form* waiving her right to the death benefit and consenting to the designation of George as a Primary Beneficiary. If Paul's spouse does not complete a *Spousal Consent to Designated Beneficiary Form*, she will receive 100% of the death benefit, regardless of the designation of George as Primary Beneficiary.

PAYMENT TO BENEFICIARIES. If payment is to be made to more than one beneficiary, the participant's vested benefit will be divided between such beneficiaries in accordance with the designation under the *Beneficiary Designation Form*. If there is no specific designation of how much each beneficiary will receive (e.g., participant leaves 100% of the death benefit to "my children"), each beneficiary will share equally in the death benefits. Unless stated otherwise in the *Beneficiary Designation Form*, if any beneficiary should predecease the participant, that individual's share shall be disregarded and shared among all other beneficiaries in that individual's class.

Example. Bill names his 4 children as 25% Primary Beneficiary(s) under the Plan. If one of Bill's children should predecease Bill, the remaining 3 children would receive 1/3 of the death benefits under the Plan upon Bill's death. Alternatively, if Bill named his spouse as 50% Primary Beneficiary and "his children" as beneficiaries of the remaining 50%, if one of the children should predecease Bill, the remaining children would still share equally in the 50% death benefit designated to their class of beneficiary.

If the participant names a Contingent Beneficiary(s) under the *Beneficiary Designation Form*, such Contingent Beneficiary(s) will share in the participant's death benefit only if all Primary Beneficiaries predecease the participant. Payments to Contingent Beneficiaries are determined in the same manner as Primary Beneficiaries, discussed above.

REVIEW OF BENEFICIARY DESIGNATION. To ensure that participants' wishes are followed upon death, participants should regularly review their beneficiary designation to ensure it is consistent with their wishes. Outside documents, such as a last will and testament, do not control the payment of death benefits under the Plan. If a participant designates his/her spouse as beneficiary and subsequent to such beneficiary designation, the participant and spouse are divorced or legally separated, the designation of the spouse as beneficiary under the Plan is automatically rescinded, unless specifically provided otherwise under a divorce decree or qualified domestic relations order. The participant must complete a new *Beneficiary Designation Form* to name the prior spouse as Beneficiary. If a participant's marital status changes, the participant should contact the Plan Administrator and/or legal counsel to ensure the *Beneficiary Designation Form* properly accomplishes his/her intentions.

LEGAL COUNSEL. The participant is solely responsible for the effect and validity of the *Beneficiary Designation Form*. Neither the Plan Administrator nor any other Plan representative is responsible for the elections made. It is strongly suggested that participants seek advice of legal counsel if there is any concern as to whether the elections in the *Beneficiary Designation Form* accomplish their intentions and will be upheld upon death.

SPOUSAL CONSENT TO DESIGNATED BENEFICIARY FORM

Return Completed Form Along with Beneficiary Designation Form to Employer

This Spousal Consent to Designated Beneficiary Form is to be used if a Participant is married and wishes to name a designated beneficiary other than their spouse to receive death benefits under the Plan. This Form need not be completed if the Participant's spouse is named as the 100% Primary Beneficiary on the Beneficiary Designation Form.

(For more information regarding death benefits under the Plan, see the Summary Plan Description, the Explanation of Death Benefits and Designated Beneficiaries, or contact the Plan Administrator or other Plan representative)

COMPANY NAME:

PARTICIPANT INFORMATION

| | | |
|---|-------------------------------|------------------|
| | | |
| <i>Participant's Name (Last, First, Middle Initial)</i> | <i>Social Security Number</i> | <i>Birthdate</i> |

SPOUSE INFORMATION

| | | |
|--|-------------------------------|------------------|
| | | |
| <i>Spouse's Name (Last, First, Middle Initial)</i> | <i>Social Security Number</i> | <i>Birthdate</i> |

CONSENT TO ALTERNATE BENEFICIARY

By signing this *Spousal Consent to Designated Beneficiary Form*, I acknowledge that I am married to the above-named Participant and I understand that, as the Participant's surviving spouse, I would be entitled to 100% of the Participant's vested benefits under the Plan upon his/her death. I have read and understand the *Explanation of Death Benefits and Designated Beneficiaries* which explains my rights to death benefits under the Plan.

I understand that by signing this form, I am agreeing to the designation of an alternate beneficiary to receive death benefits under the Plan upon the death of the above-named Participant. I have reviewed the *Beneficiary Designation Form*, dated _____ **[insert date from Beneficiary Designation Form]**, and agree to the designation of the alternate beneficiary(s). I understand that by signing this *Spousal Consent to Designated Beneficiary Form*, I am waiving my rights to receive death benefits under the Plan in favor of the alternate beneficiary(s) named in the above-referenced *Beneficiary Designation Form*.

I understand and acknowledge that I am completely responsible for understanding my legal rights under the Plan and that I have the right to seek legal counsel to ensure that my consent accomplishes my intentions. I understand that I do NOT have to complete this form. If I do not complete this form, I will receive 100% of the death benefits under the Plan upon the Participant's death. I understand that I cannot revoke this form once I sign and date it unless the Participant completes a new *Designation of Beneficiary Form*.

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|---------------------------|-------------|
| | |
| <i>Spouse's Signature</i> | <i>Date</i> |

NOTARIZATION

State of _____)
) ss.
County of _____)

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ (Spouse), who signed the above *Spousal Consent to Designated Beneficiary Form* as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this

_____ day of _____, 20_____.

(SEAL)

Notary Public _____

My Commission expires: _____