



Read the following information carefully before completing. Return the completed and signed form to your employer.

The designation of a beneficiary can have important tax consequences. You are encouraged to consult your tax advisor before completing this form. You should periodically review and update your beneficiary designations as appropriate.

If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs Section 3 of this form.

1 Information about you

Please type or print clearly.

Name of participant	Name of employer	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single
SSN of participant	Date of birth of participant (mm/dd/yyyy)	

2 Beneficiary designation

If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When percentages are not indicated, the beneficiaries' shares will be divided equally. If you wish to customize your designation or need more space, attach a separate page.

Primary Beneficiary(ies):

I revoke all previous designations and direct that any proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, distribute any proceeds according to the terms of the plan document.

1.	Full name (include middle initial) (print)	Relationship	_____ %
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	SSN	Date of birth (mm/dd/yyyy)	
2.	Full name (include middle initial) (print)	Relationship	_____ %
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	SSN	Date of birth (mm/dd/yyyy)	
3.	Full name (include middle initial) (print)	Relationship	_____ %
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	SSN	Date of birth (mm/dd/yyyy)	
		Total	<u>100</u> %

2 Beneficiary designation
(continued)

Contingent Beneficiary: If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies). If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be paid according to the terms of the plan document.

1. _____ Relationship _____ %
Full name (include middle initial) (print)

SSN: [] [] [] - [] [] - [] [] [] [] Date of birth (mm/dd/yyyy): [] [] - [] [] - [] [] [] []

2. _____ Relationship _____ %
Full name (include middle initial) (print)

SSN: [] [] [] - [] [] - [] [] [] [] Date of birth (mm/dd/yyyy): [] [] - [] [] - [] [] [] []

3. _____ Relationship _____ %
Full name (include middle initial) (print)

SSN: [] [] [] - [] [] - [] [] [] [] Date of birth (mm/dd/yyyy): [] [] - [] [] - [] [] [] []

Total 100 %

Signature:

X _____ / /
Signature of participant Date (mm/dd/yyyy)

3 Spousal consent

The signature of the spouse must be witnessed by either a plan representative or a notary public.

I am the spouse of the participant named in Section 1. I irrevocably consent to the designation made by my spouse to have any death benefits paid to the named beneficiary(ies) specified in Section 2. I understand that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me, that such beneficiary designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Full name of spouse of participant (include middle initial) (print)

X _____ / /
Signature of spouse of participant Date (mm/dd/yyyy)

Either a plan representative appointed by the employer **or** a notary public must witness the signature of the spouse.

Name of plan representative (print)

X _____
Signature of plan representative

Sworn to and subscribed before me, this _____ day of _____, 20____
Month Year

in the County of _____, State of _____

X _____ / /
Signature of notary public Date commission expires (mm/dd/yyyy)