

BENEFICIARY DESIGNATION FORM

NAME OF PLAN: _____

NAME OF PARTICIPANT: _____

MARITAL STATUS: _____ Married _____ Single _____ Divorced _____ Widowed

In accordance with the provisions of the above Plan, I hereby designate the following person or persons as the beneficiary or beneficiaries to whom any and all benefits to which I may be entitled under the Plan upon my death shall be paid:

Primary Beneficiary:

Name: _____
Date of Birth: _____
Address: _____
Relationship: _____

Secondary Beneficiary:

Name: _____
Date of Birth: _____
Address: _____
Relationship: _____

The primary beneficiary named above shall be the designated beneficiary to receive all amounts payable under such Plan if he or she is living at my death and should continue to live until all such amounts have been paid in full. If the primary beneficiary should predecease me or should die after payments have commenced to him or her but the full amount payable has not been paid, the secondary beneficiary named above shall be the designated beneficiary to receive any and all amounts due but unpaid thereunder. If more than one primary and/or secondary beneficiary is designated, there respective proportions shall be indicated above.

ALL OTHER BENEFICIARY DESIGNATIONS MADE PREVIOUSLY BY ME ARE HEREBY REVOKED. I UNDERSTAND IT IS MY RESPONSIBILITY TO CONTACT THE PLAN COMMITTEE IF I NEED TO REVISE THESE DESIGNATIONS.

SIGNATURE

Date

NOTE: IF YOU ARE MARRIED AND NAMING SOMEONE OTHER THAN YOUR SPOUSE AS FIRST BENEFICIARY, THE SECOND PAGE OF THIS BENEFICIARY DESIGNATION FORM MUST BE SIGNED BY YOUR SPOUSE AND HIS OR HER SIGNATURE WITNESSED BY A PLAN COMMITTEE MEMBER OR NOTARIZED.

PARTICIPANTS ARE URGED TO CONSULT THEIR ESTATE ATTORNEY AND/OR ESTATE PLANNER BEFORE SIGNING THIS FORM.

