

**DESIGNATION OF BENEFICIARY**

Name of Plan: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a Participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Accrued Benefit under the Plan payable by reason of my death:

_____	_____*		
Primary Beneficiary	Relationship		
_____			
Street Address	City	State	Zip Code

**\*NOTE:** The primary beneficiary must be the participant's spouse unless the participant is not married or the participant's spouse consents by waiving the Qualified Pre-retirement Survivor Annuity.

If not living, then:

_____	_____		
Secondary Beneficiary	Relationship		
_____			
Street Address	City	State	Zip Code

I reserve the right to revoke or change any beneficiary designation subject to spousal consent. I hereby revoke all prior designations (if any) of beneficiaries and secondary beneficiaries.

The Trustee shall pay all sums payable under the Plan by reason of my death to the primary beneficiary(ies), if he or she survives me, and if no primary beneficiary shall survive me, then to the second beneficiary, and if no named beneficiary survives me, then the Trustee shall pay all amounts in accordance with the Plan.

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PARTICIPANT