PARTICIPANT'S BENEFICIARY DESIGNATION

_____Plan

Participant Name | Social Security Number | Date of Birth

INSTRUCTIONS

This Participant's Beneficiary Designation form should be completed by you and returned to the company. You may wish to keep a copy for your personal records. If you are married or separated (but not divorced) at the time you make this designation and you wish to designate someone other then your spouse as a Primary Beneficiary, your spouse must consent to the designation and ***your spouse's signature must be notarized****. Otherwise, this entire Beneficiary designation shall be invalid and the Trustees will pay all benefits due to your spouse. If you are not currently married but are married at the time of your death this Beneficiary Designation will not be valid unless your spouse has added his/her written consent to this designation. You must tell the Plan Administrator in writing if and when your marital status changes. Listed below are common forms of designations.* ***These are intended as a guide****. Any questions as to form and suitability should be directed to your personal attorney.*

Jane Doe, Wife Mary Doe and Robert Doe, Children equally Susan Doe, Daughter Trustee under a Declaration of Trust dated 1/1/2000

DESIGNATION

I name the following as the Beneficiary(ies) for any death benefits payable from the above Plan. This Beneficiary Designation does not include any life insurance policies that may be in effect for my benefit unless said policies are payable to the plan trust. This Beneficiary Designation hereby revokes and supersedes all designations made prior to this designation. I understand I have the right to amend or revoke this designation. However, until this designation is amended or revoked, it shall remain in effect and binding upon all parties.

Name and address of Beneficiary(ies)	Social Security Number	Relationship	Date of Birth	Percentage
Primary				
Secondary				

X

Participant's Signature Date

SPOUSE'S NOTARIZED CONSENT

I hereby voluntarily consent to the above beneficiary designation and understand its effect. I understand that I may be waiving my rights to receive a survivor annuity which would otherwise be payable to me.

X

Participant's Spouse's signature Date

Statement of Notary

NOTE: Notary seal must be visible, if applicable.

State of _____)
)ss
County of _____)

The consent to this request was subscribed and sworn to (or affirmed) to before me on this _____ day of _____, year _____, by_____ (name of spouse) proved to me on the basis of satisfactory evidence to be the person who appeared Before me, who affirmed that such consent represents his/her free and voluntary act.

Notary Public: _____

My commission expires: _____