

Description of form: This is a beneficiary designation form which can be used for plans that do not have annuity provisions included, such as most 401(k) or profit sharing plans. Participants who are married must name their spouse as the primary beneficiary unless the spouse gives written consent. That consent must be witnessed, either by a notary public or an authorized plan representative. A contingent beneficiary should also be named in the event that the primary beneficiary pre-deceases the participant.

APPLICATION FOR PARTICIPATION AND DESIGNATION OF BENEFICIARY FORM

PLAN NAME (S):

I hereby apply for participation in the above-named Plan(s), particulars of which have been made available to me and for which I am or may become eligible. I hereby acknowledge receipt of the Summary Plan Description of the Plan(s) and do further agree to abide by all of the rules and regulations set forth in the Plan.

Alternatively, I am already a Participant in the above-named Plan(s), and I hereby update my Designation of Beneficiary for death benefits to be paid under the Plan(s).

Regarding any amount payable under the Plan by reason of my death, I hereby mark the option applicable to my situation, and, if necessary, designate the following beneficiary:

FOR MARRIED PARTICIPANTS

I understand that the death benefit must be paid to my surviving spouse, unless I wish to choose another beneficiary and my spouse consents in writing not to be the beneficiary of the death benefit under the Plan. I understand that I must immediately inform the Administrator of any change in my marital status.

If my spouse does not survive me, I hereby name as contingent beneficiary:

FOR UNMARRIED PARTICIPANTS

I designate as beneficiary the person(s) named below. However, if I thereafter marry, this will revoke the designation. I will therefore immediately inform the Administrator of any change in my marital status.

Designated Beneficiary: _____
whose address is _____
if living at the time of my death, or if not living, then _____

I have marked one of the applicable options above.

EXECUTED THIS _____ day of _____, 20_____

WITNESS: _____ Employee (print): _____

Address of Witness: _____ Signature _____

_____ Social Security: _____

_____ Birthdate: _____

DESIGNATION OF BENEFICIARY OTHER THAN SPOUSE

Plan Name: _____

Name of Participant: _____

As the participant, I hereby designate the following beneficiary (or beneficiaries), subject to the consent of my spouse:

Primary Beneficiary (Beneficiaries): _____

Secondary Beneficiary (Beneficiaries): _____

Participant's Signature Date: _____

SPOUSE'S CONSENT

I, the undersigned, being the lawful spouse of the participant named above, hereby consent to the designation by my spouse of the Primary and Secondary Beneficiary (ies) named to receive any benefit payable as a result of my spouse's death.

I understand that, if this consent is in effect at the time of my spouse's death, I have waived (given up) any right I might then have to any benefit under the Plan payable due to my spouse's death. I also understand that, had I not granted this consent, I would have had a right protected by law (subject to provisions of any applicable qualified domestic relations order in favor of another person) to benefits payable in the event of the death of my spouse if my spouse dies while married to me.

This consent and waiver is my free and voluntary act. By granting this consent, I am voluntarily relinquishing my right to limit my consent to a specific form of benefits. I intend this consent and waiver set forth herein to continue to be effective in the event of my incompetency.

I understand that I have the right to revoke this consent and waiver by delivering to the Plan Administrator of the Plan, a written revocation of this consent and waiver, provided, however, that to be effective, such revocation must be delivered before the death of my spouse. Upon the death of my spouse, the consent and waiver contained herein, if not previously revoked, shall be irrevocable.

Spouse's Signature

Print Name of Spouse

Date

THIS FORM MUST BE NOTARIZED OR SIGNED IN THE PRESENCE OF AN AUTHORIZED REPRESENTATIVE OF THE PLAN ADMINISTRATOR