

Beneficiary Designation Form

Plan:	
Name:	SS#:

Check one:

Automatic Beneficiary Designation

If you die before receiving retirement benefits, your beneficiary will be your spouse; otherwise your children, equally; otherwise your parents, equally; otherwise a trust established to receive your death benefit; otherwise your estate.

Specific Beneficiary Designation

A. Designation

Primary Beneficiary(ies) - I hereby designate as my primary beneficiary(ies):

Name	Relationship	% Share
		100 %

Secondary Beneficiary(ies) - In the event my primary beneficiary(ies) should predecease me, I designate as my secondary beneficiary(ies):

Name	Relationship	% Share
		100 %

B. Filing Status (check one)

1. I am single
2. I am married and have designated my spouse as the primary beneficiary of 100% of my account balance.
3. I am married and have designated my spouse as a beneficiary of less than 100% of my account balance.

If you checked number 3, you must attach a Spousal Waiver & Consent Form.

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

Employee Signature _____

Date _____

Witness _____

Date _____

Spousal Waiver & Consent Form

Plan:	
Name:	SS#:

Notice of Spousal Death Benefit

Federal law provides certain death benefits to the spouses of participants in retirement plans. This notice describes the spousal rights and the spousal death benefit, your right to waive them if you wish, and your spouse's right regarding any such waiver.

Spousal Death Benefit

If you die before you begin to receive benefits, the plan must automatically pay a spousal death benefit consisting of 100% of your account balance to your surviving spouse (if any) as beneficiary.

Waiving the Spousal Death Benefit

Your spouse will be paid 100% of your account balance, unless:

- You waive the spousal death benefit by completing section A of this form, and
- Your spouse voluntarily consents to both your waiver and your designated beneficiary(ies) by completing section B of this form

A. Waiver

I have read the above notice explaining the spousal death benefit available to my spouse under the plan. Understanding the terms of this benefit, I voluntarily elect to waive the spousal death benefit. I understand that I may revoke this waiver at any time without my spouse's consent.

Employee Signature

_____ Date

Witness

_____ Date

B. Spousal Consent

I am the spouse of the Participant and I have read the above notice. I understand the spousal death benefit to which I am entitled under the plan, I realize my spouse is waiving this spousal death benefit and I voluntarily consent to the waiver.

I further understand that all or part of my spouse's account balance will be paid to the beneficiary(ies) other than myself as specified in my spouse's Beneficiary Designation Form. I hereby voluntarily consent to my spouse's designation of beneficiary(ies).

I agree to release and discharge the Trustee(s), Plan Administrator, and Company from liability for acting pursuant to this consent. I realize that my consent is irrevocable unless my spouse revokes the waiver.

Spouse Signature

_____ Date

Witness*

_____ Date

* Spousal consent MUST be witnessed by a Notary Public OR an Authorized Company Representative.