



**BENEFICIARY DESIGNATION**

To the Trustee of \_\_\_\_\_ (“Plan”):

**Account Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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 Account Balance under the Plan payable by reason of my death:

<b>Primary Beneficiary(ies):</b>	
Name(s):	_____
Address:	_____
City, State & Zip:	_____
Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No	(If no, please list relationship) _____

<b>Contingent Beneficiary(ies):</b>	
Name(s):	_____
Address:	_____
City, State & Zip:	_____
Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No	(If no, please list relationship) _____

**I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.**

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

\_\_\_\_\_  
Date of this Designation

\_\_\_\_\_  
Signature of Participant

**IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.**

*Note:* The Beneficiary Designation is invalid without the consent of your spouse unless your spouse is the sole beneficiary or, under a prior beneficiary designation, your spouse waived the right to consent to any change in the beneficiary designation.

