

Beneficiary Information

(Note: If you are married and wish to name someone other than your spouse as the beneficiary, your spouse must consent to the designation by completing the attached Spousal Consent Form.)

_____ Primary Beneficiary	_____ Social Security Number	_____ Date of Birth	_____ Percentage	_____ Relationship
_____ Contingent Beneficiary	_____ Social Security Number	_____ Date of Birth	_____ Percentage	_____ Relationship
_____ Contingent Beneficiary	_____ Social Security Number	_____ Date of Birth	_____ Percentage	_____ Relationship
_____ Contingent Beneficiary	_____ Social Security Number	_____ Date of Birth	_____ Percentage	_____ Relationship
_____ Contingent Beneficiary	_____ Social Security Number	_____ Date of Birth	_____ Percentage	_____ Relationship
_____ Participant Name	_____ Social Security Number	_____ Participant Signature		

**SPOUSAL CONSENT TO DESIGNATION OF
BENEFICIARY OTHER THAN SPOUSE**

(Your spouse must sign here if you are married and
your spouse is not named as your only Primary Beneficiary)

I hereby certify that I am the spouse of the above-named Participant, and I have read this form and the attached explanation as completed and signed by the Participant. I understand that, upon the Participant's death, I am entitled to 100% of any unpaid Plan benefits unless I consent to the Participant's designation of someone other than me. In granting this consent, which I voluntarily do, I understand that I am waiving the rights I have to the death benefits under the Plan if the Participant dies, except to the extent that he or she may name me specifically as a Beneficiary herein. The designated beneficiary(ies) may not be changed at any time during which I am married to the Participant (except to designate me as his or her sole primary beneficiary) without my written consent on a form similar to this one. I hereby acknowledge and consent to the Participant's designation of the beneficiary(ies) listed above and attached hereto.

_____ Date

_____ Signature of Spouse

NOTARY PUBLIC

I affirm that _____ personally appeared, known to me to the person who executed the above statement.

Dated: _____

_____ Notary Public

State of : _____

My Commission Expires: _____

SPOUSE'S SIGNATURE MUST BE NOTORIZED.

**STATEMENT OF NON-MARRIAGE OR
UNKNOWN LOCATION OF SPOUSE**

I certify that _____ I am not married at this time _____ I am married but cannot locate my spouse.*

*Please explain why you cannot locate your spouse:

_____ Date

_____ Signature of Participant

NOTARY PUBLIC

I affirm that _____ personally appeared, known to me to the person who executed the above statement of non-marriage or unknown location of spouse.

Dated: _____

_____ Notary Public

State of : _____

My Commission Expires: _____

PARTICIPANT'S SIGNATURE MUST BE NOTORIZED.