COMPANY NAME:_____ 401(k) Plan

BENEFICIARY DESIGNATION FORM

Participant Name: _____ SSN _____

Form Effective Date: _____ Date of Birth: _____

Beneficiary Designation

❑ **Initial Beneficiary Designation** ❑ **Change Beneficiary Designation**

Current Marital Status

❑ I AM NOT MARRIED. I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new Beneficiary Designation Form and my spouse consents to my designation.

❑ I AM MARRIED. I understand that my spouse will be my primary beneficiary. However, I understand that I may designate a primary beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse".

Designation of Beneficiary(ies)

The following individual(s) shall be my beneficiary(ies). Please check Primary or Contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my Qualified Plan Balance.

❑ Primary	Name _____	Address_____	% Share
❑ Contingent	Relationship_____	_____	_____
	SSN _____	DOB: _____	

❑ Primary	Name _____	Address_____	% Share
❑ Contingent	Relationship_____	_____	_____
	SSN _____	DOB: _____	

Consent of Spouse

(If non-spouse beneficiary(ies) are named as Primary Beneficiary) I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

_____ _____

Participant's Spouse Signature (Must be Notarized) Date

WITNESS OF SPOUSE'S CONSENT (the signature of the spouse must be witnessed by a notary public)

Subscribed and sworn to before me on the _____ day of _____, _____.

_____

Notary Public Signature

Signatures

_____ _____

Employee Signature Date

_____ _____

Employer Signature Date

Revised 1/26/10