

BENEFICIARY DESIGNATION (PS)

Plan Administrator:

Plan Name:

Participant Name: _____

Address: _____

Soc. Sec. Number: _____/_____/_____ Marital Status: _____

Sex: _____ Birthdate: _____ Employment Date: _____

BENEFICIARY DESIGNATION: Regarding any amount payable under the Plan by reason of my death, I hereby designate the following beneficiary:

*Primary Beneficiary: _____

Relationship: _____ Birthdate: _____

Address: _____

Contingent Beneficiary(ies): Equally as shown below or unequally as specified:

_____ Children equally, or

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

***NOTE:** If married and the primary beneficiary is other than spouse, your spouse's consent is required on the reverse side of this form.

Participant

Date

CONSENT OF SPOUSE

(Complete only if Spouse is not Primary Beneficiary designated above)

I, the undersigned spouse of the Participant named in the foregoing **Beneficiary Designation**, hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation is my spouse's accrued benefit under the plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation.

If my spouse changes the designation (Choose (a) or (b)):

- ___ (a) I understand I must file a similar consent to the designation, or my consent is no longer effective.
- ___ (b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary designated on the reverse side of this form. This consent relates to my waiver of the qualified joint and survivor annuity if applicable.

I have executed this consent this ____ day of _____, 20_____.

Signature of spouse of participant

Note: A proper witness must complete either section 1 or section 2.

1. Witness by Plan Representative. Signature of spouse witnessed this ____ day of _____, 20_____.

Plan Representative

2. Witness by Notary.

STATE OF _____ COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this ____ day of _____, 20_____.

(SEAL)

Notary Public

My commission expires: _____