

Secondary Beneficiary Designation (optional)

I also name the following secondary beneficiary(ies) to receive benefits if I am not survived by any primary beneficiary *(complete only if you want to name secondary beneficiary(ies))*:

Secondary Beneficiary(ies) Name	Secondary Beneficiary(ies) Address	Social Security No.	Date of Birth MM-DD-YYYY	Relationship ("None" if not related)	Benefit %
1.					%
2.					%
3.					%

*If you name two or more primary beneficiaries or two or more secondary beneficiaries, your benefits will be divided equally among the surviving primary or secondary beneficiaries (whichever applies), unless you indicate otherwise in the "Benefit %" columns. **Make sure the benefit percentages you list total 100%.** If any of your primary or secondary beneficiaries dies before you do, your benefits will be reallocated among the surviving primary or secondary beneficiaries (whichever applies), in proportion to the percentages you designated for them. If necessary, you may use a separate sheet to list additional beneficiaries and attach it to this form.*

Participant Signature

4. I name the beneficiary(ies) indicated above and revoke any previous beneficiary designation made under the plan.

Signature of Participant

Date (MM-DD-YYYY)

Spousal Consent

5. I am the spouse of the participant whose signature appears above. I understand that I have the right to all of my spouse's vested account in the plan after my spouse dies. I agree to give up that right and to have that amount paid to the beneficiary(ies) named above. I understand that my spouse cannot change the name of any beneficiary in the future unless I consent to the change. I understand that by signing this Spousal Consent, I may receive less money than I would have received if I had not signed this Spousal Consent, and I may receive nothing from the plan after my spouse dies. I understand that I do not have to sign this Spousal Consent. I am signing this Spousal Consent voluntarily. I understand that if I do not sign this Spousal Consent, then I will receive my spouse's vested account under the plan when my spouse dies.

Signature of Spouse

WITNESSED:

Date (MM-DD-YYYY)

Signature of Notary Public *(stamp or seal required)*

Date (MM-DD-YYYY)

My commission expires: _____