

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

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 any unpaid Plan benefits unless I consent to the Participant's death, I am entitled to any unpaid Plan benefits unless I consent to the Participant's designation of a non-spouse beneficiary. In granting this consent, I understand that I am waiving any right I might have to any benefit 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 change 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.

Date

Signature of Spouse

NOTARY PUBLIC OR PLAN REPRESENTATIVE AFFIRMATION

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

Dated: _____

Notary Public

Plan Representative

State of : _____

My Commission Expires: _____

SPOUSE'S SIGNATURE MUST BE NOTORIZED OR WITNESSED BY A REPRESENTATIVE OF THE PLAN.

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