

Plan Name _____

1. Participant Information

First Name _____ Middle Name _____ Last Name _____ Social Security Number _____ Date of Birth _____

2. Marital Status

I am **NOT** married. (Check this box if you are single, divorced, legally separated, or widowed.)

I understand that if I should become married, any beneficiary designation under this *Beneficiary Designation Form* becomes null and void to the extent my spouse is not the designated beneficiary. I understand that if I should become married, I will inform the Plan Administrator of my change in marital status.

I am married. (Check this box and complete the following information if you are married.)

Spouse Name (First, Middle, Last) _____ Spouse Social Security Number _____ Spouse Date of Birth _____

I understand that my spouse is the automatic beneficiary of my entire vested benefit under the Plan, unless my spouse affirmatively elects to waive his/her rights within the *Spousal Consent to Beneficiary Designation* section of this form. Any designation of a beneficiary other than my spouse under this *Beneficiary Designation Form* will be null and void, to the extent my spouse does not consent to the naming of such alternate beneficiary within the *Spousal Consent to Beneficiary Designation* section of this form.

3. Primary Beneficiary(ies)

I hereby designate the following person(s) as the primary beneficiary(ies) of my vested benefit under the above-named Plan upon my death. This designation revokes any prior beneficiary designation and will control over any other beneficiary designation made outside of the Plan. I understand that if I am married, my spouse must consent to any designation of a Primary Beneficiary other than my spouse.

My spouse is the 100% death beneficiary under the Plan upon my death.

I name the following person(s) as my primary death beneficiary(ies):

Name (First, Middle, Last)	Date of Birth	Relationship	Social Security Number	Percentage Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total = 100%

4. Contingent Beneficiary(ies) (Optional)

I hereby name the following person(s) as Contingent Beneficiary(ies) in the event **none** of the Primary Beneficiaries named above survive me:

Name (First, Middle, Last)	Date of Birth	Relationship	Social Security Number	Percentage Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total = 100%

5. Authorization

I hereby acknowledge that I have read and understand my rights, and my spouse's rights, with respect to death benefits under the Plan, as described in the *Explanation of Death Benefits and Designated Beneficiaries* located on the Participant Website. I understand that if any designated beneficiary predeceases me, that individual's share of benefits will be allocated to the remaining beneficiaries in the manner described in the *Explanation of Death Benefits and Designated Beneficiaries*.

I understand that if I am married and I wish to name a designated beneficiary other than my spouse, my spouse must agree to such designation by completing the *Spousal Consent to Beneficiary Designation* section of this form. I understand that any change in my marital status may affect the validity and legal effect of my designated beneficiary elections. I agree to notify the Plan Administrator of any change in my marital status.

I understand I am solely responsible for the effect and validity of this form. Neither the Plan Administrator nor any other Plan representative is responsible for the elections I have made under this form. I understand that I should seek legal counsel if I wish to ensure that this form accomplishes my intentions and will be upheld upon my death. I understand that I may submit an alternate form if necessary.

6. Signature

Participant Signature

Date

Spousal Consent to Beneficiary Designation

This *Spousal Consent to Beneficiary Designation* is to be used if a Participant is married and wishes to name a designated beneficiary other than the Participant's spouse to receive death benefits under the Plan. This section need not be completed if the Participant's spouse is named as the 100% Primary Beneficiary on the first page of this form. (For more information regarding death benefits under the Plan, see the *Summary Plan Description (SPD)*, the *Explanation of Death Benefits and Designated Beneficiaries* located on the Participant Website, or contact the Plan Administrator or other Plan representative.)

7. Consent to Alternate Beneficiary

By signing this *Spousal Consent to Beneficiary Designation*, I acknowledge that I am married to the above-named Participant and I understand that, as the Participant's surviving spouse, I would be entitled to 100% of the Participant's vested benefits under the Plan upon his/her death. I have read and understand the *Explanation of Death Benefits and Designated Beneficiaries*, which explains my rights to death benefits under the Plan.

I understand that by signing this *Spousal Consent to Beneficiary Designation*, I am agreeing to the designation of an alternate beneficiary to receive death benefits under the Plan upon the death of the above-named Participant. I have reviewed the *Beneficiary Designation Form* and agree to the designation of the alternate beneficiary(ies) stated therein. I understand that by signing this *Spousal Consent to Beneficiary Designation*, I am waiving my rights to receive death benefits under the Plan in favor of the alternate beneficiary(ies) named in this *Beneficiary Designation Form*.

I understand and acknowledge that I am completely responsible for understanding my legal rights under the Plan and that I have the right to seek legal counsel to ensure that my consent accomplishes my intentions. I understand that I do NOT have to complete this form. If I do not complete this form, I will receive 100% of the death benefits under the Plan upon the Participant's death. I understand that I cannot revoke this form once I sign and date it unless the Participant completes a new *Beneficiary Designation Form*.

Spouse Signature

Date

8. Notarization

State of _____ County of _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ (Spouse), who signed the above *Spousal Consent to Beneficiary Designation* as a free and voluntary act.

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

Notary Public

(SEAL)

My Commission Expires

Please return this form to your designated employer representative.