

BENEFICIARY DESIGNATION

Participant Name _____ Plan: _____ Plan (õthe Plan)

I. Designation of Beneficiary

As a participant in the above Plan, I hereby designate the following as the primary and contingent Beneficiaries of my accumulated benefit that will be paid by reason of my death under the provisions of the Plan. If more space is needed, please attach any additional pages.

Primary Beneficiary:

Name _____ Relationship _____ % _____
Address _____
City _____ State _____ Zip Code _____

Primary Beneficiary:

Name _____ Relationship _____ % _____
Address _____
City _____ State _____ Zip Code _____

Contingent Beneficiary:

Name _____ Relationship _____ % _____
Address _____
City _____ State _____ Zip Code _____

Contingent Beneficiary:

Name _____ Relationship _____ % _____
Address _____
City _____ State _____ Zip Code _____

The Plan Trustee shall pay all accumulated benefit under the Plan by reason of death to the primary Beneficiary(ies). If no primary Beneficiary(ies) shall survive, then the benefit will be paid to the contingent Beneficiary(ies), if no contingent Beneficiary(ies) survive or are designated, then to the estate of the Participant. If more than one Beneficiary is designated, any benefits payable will be shared equally among the survivors unless otherwise provided herein.

Any Beneficiary Designations previously made by me are hereby revoked. The right to revoke or change any Beneficiary Designation is hereby reserved.

Participant's Signature _____

Date _____

II. Statement of Participant's Marital Status

(Note: If you are in the process of divorce, you are still considered married.)

- I am single.
 I am married and have designated my spouse as the primary beneficiary of 100% of my account balance.
 I have no knowledge of the whereabouts of my spouse.

If you are married and do not name your spouse as beneficiary, your spouse must sign the consent below.

III. Spousal Consent

I acknowledge that I am entitled to my spouse's account balance in the event of my spouse's death. I waive my right to such benefit and consent to the designation of beneficiary set forth above. If I am not named above as a beneficiary, I will receive no benefit from this Plan.

Spouse's Signature _____

Date _____

Witnessed by: _____

Plan Representative or Notary Public _____

Date _____

Note to Participant: If your marital status should change, the completion of a new form is advised. Also, advise the Plan Administrator of any changes in the name or address of any beneficiary.

RETURN COMPLETED FORM TO YOUR HUMAN RESOURCE REPRESENTATIVE