

NAME OF PLAN: \_\_\_\_\_

BENEFICIARY DESIGNATION

Participant Name	
Address	
City, State, Zip	
Social Security Number	
Date of Birth	

I. NOTICE OF SURVIVING SPOUSE'S MINIMUM BENEFIT

*In General.* If you die before payments to you have begun, your vested accrued benefit will be paid in the form of a Qualified Preretirement Survivor Annuity ("QPSA") to your surviving spouse. The QPSA is not available if: (i) you and your spouse waive the benefit as provided below, or (ii) the terms of a qualified domestic relations order provide otherwise. The QPSA is an annuity payable for the life of your surviving spouse that begins no later than the date you could have begun receiving benefits. In addition, your spouse may elect any other form of benefit (if any) permitted by the Plan after your death instead of a QPSA.

*Amount of QPSA.* The amount of the QPSA will be equivalent to the benefit your spouse would have received under the survivor benefit portion of a joint and survivor annuity. If you wish to designate someone other than your spouse as your designated beneficiary, you must first obtain an estimate of the reduction to the participant's estimated normal retirement benefit if the QPSA is elected. You may obtain this information by contacting the Plan Administrator at the address listed below under "Waiver."

*Beneficiary Designation.* Unless the QPSA is waived, you may not designate a beneficiary or beneficiaries other than your surviving spouse. For example, if you designate your parents as beneficiaries and later marry but die without having changed your beneficiary designation, the death benefit will be automatically paid to your new spouse. Similarly, if you are married and designate that your vested accrued benefit be divided in equal shares among your surviving spouse and your three children but the QPSA is not waived, your spouse must receive the death benefits. Please note that after your death your spouse may elect any form of death benefit permitted by the Plan (if any) instead of a QPSA.

*Waiver.* There are several specific times when you will be given the opportunity to waive the QPSA. One of these times is a reasonable period after you become a Participant. Another time is a reasonable period ending after you terminate employment, if you separate from service before attaining age 35. A third time is the period that begins on the first day of the Plan Year in which you attain age 35. This third period is important, because any proper waiver of the QPSA prior to the Plan Year in which you attain age 35 becomes void as of the first day of the Plan Year in which you attain age 35; the QPSA will automatically apply again as of the first day of the Plan Year in which you attain age 35. Therefore, if you have waived the QPSA prior to the first day of the Plan Year in which you attain age 35, then you will need to re-execute a waiver of the QPSA on or after the first day of the Plan Year in which you attain age 35 in order for your QPSA instructions to continue. You may also waive the QPSA at any other reasonable time by asking the Plan Administrator for this form and properly executing it. Even then, the waiver will not be effective unless your spouse gives his or her written consent (Part III of this form), or you certify that you do not know the whereabouts of your spouse. To become effective, this form must be properly completed and received by the Plan Administrator.

II. DESIGNATION OF BENEFICIARY/OPTIONAL WAIVER OF QPSA

As a Participant in the above Plan, I hereby revoke any prior beneficiary designation and direct that any benefits payable upon my death be paid to the following beneficiary/beneficiaries. The total share for the Primary Beneficiaries must equal 100% and the total share for the Secondary Beneficiaries, if any, must equal 100%.

**PRIMARY BENEFICIARY(IES):**

Name and Social Security Number	Share	Relation	Address

If none of the Primary Beneficiaries designated above survive me, payment shall be made to the following Secondary Beneficiaries.

**SECONDARY BENEFICIARY(IES):**

Name and Social Security Number	Share	Relation	Address

Unless otherwise specified above, if none of the beneficiaries designated above survive me, payment shall be made pursuant to the applicable provisions of the Plan.

(You must check A, B, C or D below):

- ( ) A. I am not married. I understand that if I do marry, my surviving spouse will be entitled to my death benefit unless I file a new Beneficiary Designation with my spouse's written consent.
- ( ) B. I am married but Part III of this form is not completed because I have designated my spouse as my Primary Beneficiary.
- ( ) C. I am married and subject to my spouse's written consent (Part III of this form), I have designated that the death benefit be paid to one or more Primary Beneficiaries other than my spouse.
- ( ) D. I am married and I have designated that the death benefit be paid to one or more Primary Beneficiaries other than my spouse. Part III of this form has not been completed because I do not know the whereabouts of my spouse. I agree to inform the Plan Administrator if I learn the location of my spouse.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.  
City, State

Witnessed by: \_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Participant (print or type)

III. SPOUSE'S CONSENT (Must be completed if Participant checks C above)

I am the spouse of the Participant identified above. I hereby consent to my spouse's designation of the beneficiary(ies) identified above. I further acknowledge my understanding that:

1. My spouse's designation that the death benefit be paid to one or more Primary Beneficiaries other than myself is not valid unless I consent to it;
2. My consent is irrevocable unless my spouse changes his or her designation of beneficiary(ies); and
3. I am waiving the right to the QPSA described in Part I of this form. I have received complete information about the amounts and types of death benefits available to me, including the value of monthly benefits and lump sums (if available) and the reduction to the normal retirement benefit as a result of the QPSA election.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City, State

\_\_\_\_\_  
Name of Participant's Spouse (print or type)

\_\_\_\_\_  
Signature of Participant's Spouse

Witnessed by: \_\_\_\_\_  
Authorized Representative of Plan Administrator

Or Notary Public

<b>STATE OF</b>	_____
<b>COUNTY OF</b>	_____
<b>On</b>	_____, 20____, before me, _____,
<b>date</b>	<b>(name, title of officer - e.g., "Jane Doe, Notary Public)</b>
<b>personally appeared</b>	_____,
	<b>(name of signer)</b>
<b>who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.</b>	
<b>I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.</b>	
<b>Witness my hand and official seal.</b>	
<b>Signature of Notary</b>	_____
	(Seal)