## **DESIGNATION OF BENEFICIARY FORM**

Division (if applicable):				
Name of Employee (First, Middle, Last)			Social Security Number	
Address			Date of Birth	
City, State, ZIP Code			Date of Hire	
	PARTICIE	PANT'S CERTIFICAT	TION	
receipt of the Summary Plan D	rticipant in the above-named plan. The	he details of said pla of the rules and regu	an have been made available to me, and I hereby acknowledge julations set forth in the plan, and, with respect to any amount	
[ ] Initial Designation	[ ] Change in Design	nation		
death must be paid to my survi understand that, in the event of a d	ving spouse unless I choose another I livorce, I must complete and sign a new be	beneficiary, and my speneficiary form.	the plan, any amount payable under the plan by reason of my spouse consents in writing to that choice (see below). I furthe	
	nefit. However, I understand that if I		pant, I am designating the person (s) or entity named below and designation will be revoked, and I must immediately inform the	
I hereby designate the following to	be beneficiary(ies), such designation(s) to	supersede any prior de	esignation(s):	
Primary Beneficiary(ies):	[ ] Spouse Only	OR	[ ] Other as Designated Below	
Name				
Address				
Social Security #				
Relationship				
Date of Birth				
If I am not survived by any o	of the Primary Beneficiary(ies), the	en the following sha	all be my Secondary Beneficiary(ies):	
Name				
Address				
Social Security #				
Relationship				
Date of Birth				
or the Secondary Beneficiar the right to change a bene someone other than my s	y(ies) who survive me shall share ficiary without the consent of the	e equally in any pa beneficiary. I fui or in addition to	is I have specified otherwise, the Primary Beneficiary(ies payment(s) from the plan. I also understand that I have urther understand that if I am married, and I designate my spouse, then my spouse must sign and date the sentative.	
PARTICIPANT'S SIGNATURE			DATE	
	SP	OUSAL CONSENT		
I,sole beneficiary. I recognize this Spousal Consent, I may	-	fits under this plan.	, understand that I am not the  I further understand that once I sign	
SPOUSE'S SIGNATURE	Sworn to before me this	day of		
(Notary Seal)	enom to boloro mo ano		,20	
	SIGNATURE	DE NOTARY PUBLIC O	OR PLAN REPRESENTATIVE	

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