

Secondary: _____
(NAME) (RELATIONSHIP) (% OF DISTRIBUTION)

Social Security Number: _____ Date of Birth: _____

Address: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP CODE)

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(NAME) (RELATIONSHIP) (% OF DISTRIBUTION)

Social Security Number: _____ Date of Birth: _____

Address: _____
(STREET & NUMBER) (CITY) (STATE) (ZIP CODE)

NOTE: If more than two Primary or more than two Secondary Beneficiaries are named, please provide all of the essential information on a separate sheet and attach to this form.

THE PARTICIPANT AGREES:

That this designation is made subject to all the terms and conditions of the Plan, and the participant agrees to be bound by the terms of the Plan or any modification thereof, including the Trust Agreement, and the rules and regulations of the Plan Administrator.

IN WITNESS WHEREOF, the participant has, under penalty of perjury, signed this application this _____ day of _____, 20_____.

(PARTICIPANT'S SIGNATURE)

NOTE: Consent of spouse (if any) is required if Primary Beneficiary is NOT the spouse.

Spouse's Name (Type or Print) Spouse's Signature Date Executed

WITNESSED (Required if spouse must sign this form):

Executed in presence of the Plan Administrator this _____ day of _____, 20____

PLAN ADMINISTRATOR DATE

OR

State of _____ County of _____ On _____
(DATE)
before me, _____
"NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"
personally appeared _____
[] personally known to me - **OR** - [] proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons or entity upon behalf of which the person(s) acted executed the instrument.
WITNESS my hand and official seal.

SIGNATURE OF NOTARY PUBLIC