

**1. Participant Identification**

Use this form to name your beneficiaries for the first time, to change your beneficiaries, or to change your beneficiary percentages. Read the instructions on the back carefully before completing this form. Return this form to the Human Resources Department.

Please Print

Name \_\_\_\_\_  
 Last First Middle Initial  
 Married:  Yes  No  
 Social Security Number \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Birthdate: Month Day Year

**2. Designation of Primary Beneficiaries**

**Instructions:** If you are married and do not name your spouse as your only primary beneficiary, your spouse must complete section 4 and the signature must be witnessed by a Notary Public. Provide the percentage of benefit you wish each beneficiary to receive and requested information, if known. Some examples of relationships are: spouse, child, stepchild, parent, trust, institution, and estate.

I name the following primary beneficiaries, revoking any prior designation of beneficiaries, to receive the Plan benefits in the event of my death. (If more space is required, attach a second page.)

1. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# or Tax ID # \_\_\_\_\_ % of Benefit \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

2. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# or Tax ID # \_\_\_\_\_ % of Benefit \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**Total Benefit: 100%**

To designate secondary beneficiaries, complete section 5 below.

**3. Participant Signature**

Your Full Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**4. Spousal Consent and Witness to Spousal Consent**

By signing below, I consent to my spouse's beneficiary designation. I understand that I shall not be entitled to benefits under the Plan on the death of my spouse to the extent that someone other than myself has been designated as a primary beneficiary.

**X** \_\_\_\_\_  
 Spouse Signature Print Spouse Name Date

**Witness to Spousal Consent:** I have witnessed the signature of the person who signed this form as spouse on the date indicated above. This person presented satisfactory evidence to prove his/her identity.

Notary Public \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

**5. Designation of Secondary Beneficiaries**

If none of my primary beneficiaries is living on the date of my death, make payment to the following secondary beneficiaries. (If more space is required, attach another page.)

1. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# or Tax ID # \_\_\_\_\_ % of Benefit \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

2. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# or Tax ID # \_\_\_\_\_ % of Benefit \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**Total Benefit: 100%**