

BENEFICIARY INFORMATION - All participants must complete this section

List your beneficiary(ies) below.

To name more than four Primary or four Contingent Beneficiaries, obtain an additional form. Complete your list of beneficiaries on that form and attach it to this form. Indicate that additional pages are attached by checking here:

and indicating page ___ of ___.

Primary Beneficiary(ies): Please see instructions.

Full Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
		- - / /	
Address		Indicate Percentage	
		%	

Full Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
		- - / /	
Address		Indicate Percentage	
		%	

Full Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
		- - / /	
Address		Indicate Percentage	
		%	

Full Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
		- - / /	
Address		Indicate Percentage	
		%	

Contingent Beneficiary(ies): If NO Primary Beneficiary(ies) survives me, I designate the following as Contingent Beneficiary(ies). Please see instructions.

Full Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
		- - / /	
Address		Indicate Percentage	
		%	

Full Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
		- - / /	
Address		Indicate Percentage	
		%	

Full Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
		- - / /	
Address		Indicate Percentage	
		%	

Full Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
		- - / /	
Address		Indicate Percentage	
		%	

Please provide: Participant SSN _____ - _____ - _____

Date: _____ / _____ / _____

TRUST INFORMATION

(Complete this section ONLY if you have named a trust established separately from your will as a beneficiary)

Name of Trustee: _____

Address of Trustee: _____
Street City State ZIP code

Under a document entitled: _____
(Name of Trust)

Bearing the date of: ____ / ____ / ____ Signed by: _____

CUSTODIAN DESIGNATION

If you have named a minor or legally disabled adult as a Primary or Contingent Beneficiary, you may designate a court-supervised custodian to receive those funds, if the laws of your state permit. If you do not name a custodian, a court may have to appoint a guardian to receive the funds. To designate different custodians for different minors or legally disabled beneficiaries, obtain additional forms, complete the "Custodian Designation" section and attach the page(s) to this form. Indicate that additional pages are attached by checking here:

- A. Distribute my proceeds to (check one) Court-appointed representative OR Custodian designated by me or my nominee (complete section B below)

B. I name _____ SSN: _____ - _____ - _____

Address: _____
Street

_____ as custodian for _____
City State ZIP code Name of Beneficiary(ies) according to the applicable law of the state in which the beneficiary(ies) reside(s) at the time of the distribution. If the person named above is unable or unwilling to serve or continue serving as custodian, I name

_____ SSN: _____ - _____ - _____

Address: _____
Street City State ZIP code

as my nominee to designate a substitute or successor custodian.

AUTHORIZATION - All participants must complete this section

This *Beneficiary Designation Form* is subject to the rules of the plan(s) listed on this form. The rules in effect on the day of my death govern distribution of my proceeds to my beneficiary(ies) under this *Beneficiary Designation Form* and state the rights, obligations, procedures and protections provided for my beneficiary(ies), the participating companies, the plan(s) and the program administrator(s). This *Beneficiary Designation Form* revokes any prior designation for the plans(s) checked on this form and may be revoked or changed as provided by the plan(s).

_____/_____/_____
Participant Signature Date

_____/_____/_____
Witness Signature (cannot be a named beneficiary or a minor) Date

Participant's Address _____

Witness' Address _____

City State ZIP code City

City State ZIP code

Please provide: Participant SSN _____ - _____ - _____

Date: ____/____/____