

# ENROLLMENT AND BENEFICIARY DESIGNATION FORM

<b>A. Participant Information</b>			
Participant Name _____		Social Security Number _____	
Address _____		Date of Birth _____	
City _____	State _____	Zip Code _____	Date of Hire _____
<b>B. Primary Beneficiary</b>			
<i>Attach separate sheet for additional primary beneficiary names and information.</i>			<b>Percentage %</b>
Name: _____	Relationship: _____		
Social Security Number: _____	Date of Birth: _____		
Address: _____			_____ %
Name: _____	Relationship: _____		
Social Security Number: _____	Date of Birth: _____		
Address: _____			_____ %
<b>Total</b>			<b>100 %</b>
<b>C. Contingent Beneficiary</b>			
<i>Attach separate sheet for additional contingent beneficiary names and information.</i>			<b>Percentage %</b>
Name: _____	Relationship: _____		
Social Security Number: _____	Date of Birth: _____		
Address: _____			_____ %
Name: _____	Relationship: _____		
Social Security Number: _____	Date of Birth: _____		
Address: _____			_____ %
<b>Total</b>			<b>100 %</b>
<b>D. Authorization</b>			
<p>I hereby designate the above person(s) as my beneficiary(ies) to receive any benefit from the Plan which may become due at or after my death according to the terms of the Plan. I reserve the right to change this designation with the understanding that this designation, and any change thereof, will be effective only upon delivery to the Plan Administrator. The benefit will be paid to my Primary Beneficiary(ies), if living. Benefits will be paid to my Contingent Beneficiary(ies) only if none of my Primary Beneficiary(ies) is/are living.</p> <p>I understand that if I do not designate a beneficiary, any portion of my retirement benefit to which I am entitled at my death will be paid automatically to my spouse, if I am married at the time of my death, or to my estate, if I am not married at the time of my death.</p> <p>If I am married, I understand that my spouse must complete Section F of this form, if I do not designate my spouse as the sole Primary Beneficiary of my retirement benefit.</p> <p>I understand that the execution of this form and delivery thereof to the Plan Administrator revokes all prior beneficiary designations that I have made.</p>			
Participant's Signature _____		Date Signed _____	

Return completed beneficiary form to Plan Administrator

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<b>FOR OFFICE USE ONLY</b>	
Plan Administrator Signature _____	Date Signed _____

# ENROLLMENT AND BENEFICIARY DESIGNATION FORM

Complete if married or separated.

## Participant Information

Participant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

## Pre-Retirement Survivor Annuity Notice

As a Participant in the Plan, you have the opportunity to accumulate benefits that will be paid to you under the provisions of the Plan. In the event you die before retirement, any benefits to which you may be entitled will be used to purchase a survivor annuity for your spouse. This survivor annuity will provide your spouse with a series of monthly payments over his or her life. You may elect to waive this survivor annuity when you terminate employment. If you die before receiving your benefits, your surviving spouse may waive the survivor annuity and select another form of distribution.

You may also elect to designate a beneficiary other than your spouse. Your spouse must consent to your designation of an alternative beneficiary in writing. You are eligible to make this election any time but if you select an alternative beneficiary before the first day of the plan year in which you attain age 35, you will have to make a new election in the plan year you attain age 35. You may always wait until you terminate employment before you select a beneficiary other than your spouse.

Your election to designate a beneficiary other than your spouse, and your spouse's consent to your designation of an alternative beneficiary, must be made on this form.

## E. Election to Designate Alternative Beneficiary

As a Participant in the Plan, I hereby acknowledge (1) that I understand that any portion of my retirement benefit to which I am entitled at my death will be paid to my spouse; (2) that I have the right to designate an alternative beneficiary, provided that my spouse, if any, consents to the designation; and (3) that I may revoke any designation of an alternative beneficiary prior to my death.

I hereby elect that any portion of my retirement benefit to which I am entitled at my death shall be paid to the beneficiary designated on this Enrollment and Beneficiary Designation Form.

Participant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

## F. Spousal Consent to Waiver

I, the undersigned, as the spouse of the Participant named above, understand that I am entitled to the benefits accruing to my spouse (the Participant of the Plan) in the event of his/her death, and with full knowledge thereof, I unconditionally waive my rights thereto in favor of the beneficiary(ies) set forth on this Enrollment and Beneficiary Designation Form. I intend for this to be a legally binding and enforceable waiver of any rights which I might possess as a beneficiary under the Plan.

Spouse's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

## Notarization by Notary Public

[Notary Seal]

State of \_\_\_\_\_

County of \_\_\_\_\_

Given Under My Hand and Seal This \_\_\_\_\_

Day of \_\_\_\_\_

, 20 \_\_\_\_\_ .

My Commission Expires: \_\_\_\_\_

Notary Public in and for said County and State

Return completed beneficiary form to the Plan Administrator

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## FOR OFFICE USE ONLY

Plan Administrator Signature \_\_\_\_\_

Date Signed \_\_\_\_\_