

ENROLLMENT AND BENEFICIARY DESIGNATION FORM

A. Participant Information

Participant Name			Social Security Number
Address			Date of Birth
City	State	Zip Code	Date of Hire

B. Primary Beneficiary

Attach separate sheet for additional primary beneficiary names and information.

	<i>Percentage</i>	<i>%</i>
Name: _____ Relationship: _____		
Social Security Number: _____ Date of Birth: _____		
Address: _____		%
Name: _____ Relationship: _____		
Social Security Number: _____ Date of Birth: _____		
Address: _____		%
Total	100	%

C. Contingent Beneficiary

Attach separate sheet for additional contingent beneficiary names and information.

	<i>Percentage</i>	<i>%</i>
Name: _____ Relationship: _____		
Social Security Number: _____ Date of Birth: _____		
Address: _____		%
Name: _____ Relationship: _____		
Social Security Number: _____ Date of Birth: _____		
Address: _____		%
Total	100	%

D. Authorization

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.

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.

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.

I understand that the execution of this form and delivery thereof to the Plan Administrator revokes all prior beneficiary designations that I have made.

Participant's Signature _____ Date Signed _____

Return completed beneficiary form to Plan Administrator

Page 1 of 2

FOR OFFICE USE ONLY

Plan Administrator Signature _____ Date Signed _____

ENROLLMENT AND BENEFICIARY DESIGNATION FORM

Complete if married or separated.

Participant Information

Participant Name _____

Social Security Number _____

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

Page 2 of 2

FOR OFFICE USE ONLY

Plan Administrator Signature _____

Date Signed _____