

APPLICATION FOR DESIGNATION OF BENEFICIARY

TO: Administrative Committee of the _____ (company & plan name)

I hereby apply for participation in the above employee benefit plan, particulars of which have been made available to me by my employer and for which I am or may become eligible. I hereby acknowledge receipt of the Summary Plan Description describing the provisions of the above plan and further agree to all of the terms and conditions of the trust agreement embodying said plan. I am familiar with and agree by all of the rules and regulations set forth in the above named plan and trust.

Employee Name: _____ SSN: _____ Date of Birth: _____

Address: _____ Married, if so enter birth date _____ Unmarried

As a Participant in the above named plan, I hereby designate the following person(s) as primary and contingent beneficiaries of any amounts payable under the Plan by reason of my death.

PRIMARY BENEFICIARY(IES)

(1) Name: _____ Relationship: _____ SSN: _____

Address: _____

(2) Name: _____ Relationship: _____ SSN: _____

Address: _____

Benefits shall be paid to the above named primary beneficiary if that beneficiary survives me, or if more than one beneficiary is designated above, in equal shares to those who survive me, or wholly to the survivor of them if only one survives me. If no such primary beneficiary survives me, I hereby designate the following person(s) as my contingent beneficiary(ies).

CONTINGENT BENEFICIARY(IES)

(1) Name: _____ Relationship: _____

(2) Name: _____ Relationship: _____

If none of the above named beneficiaries survive me, payment shall be made in accordance with the Plan.

THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION IS HEREBY RESERVED. ALL PRIOR DESIGNATIONS (IF ANY) ARE HEREBY REVOKED.

Unless designated otherwise above, payments to more than one beneficiary shall be made equally to the living beneficiaries.

_____ Date

_____ Signature of Participant

_____ Name of Participant (type or print)

For residents of community property states, California, Arizona, Idaho, Louisiana, Nevada, New Mexico, Texas and Washington, please read:

This written consent of the applicant's spouse shall be required for designation of any beneficiary, other than the applicant's spouse of more than one-half of any amount payable. If the written consent of the spouse is not obtained when required, the Trustee will not pay more than one-half of the amount payable to the named beneficiary.

The undersigned hereby acknowledges that he/she is the spouse of the above named applicant, that he/she hereby consents to the applicant's designation of beneficiary contained herein and that he/she hereby waives any interest he/she may have under the community property laws to any benefits under the Plan.

_____ Date

_____ Signature of Spouse

If the spouse's signature is required under the above conditions, the signature must be witnessed by either a designated Plan Representative or Notary.

Signature of spouse for consent witnessed this _____ day of _____, 20_____.

_____, Signature of Plan Representative

OR

ATTACH NOTARY FORM TO THIS BENEFICIARY DESIGNATION FORM