Plan Name: _____

Beneficiary Designation Form

Please print. Complete all applicable areas.

Part I. Employee Information:

Name: _____ Social Security #: X X X-X X -_ _ _ _

Instructions: This designation shall be effective upon execution and delivery to the Plan Administrator. All prior designations are no longer valid.

1. You must complete this Form by naming at least one Primary Beneficiary.
2. You may have more than one person or entity as your Primary Beneficiary and/or Contingent Beneficiary. If your designation exceeds the space provided below, you may complete an additional Beneficiary Designation Form. You cannot name the same person or entity as both a Primary and a Contingent Beneficiary.
3. If you are married, and you name someone other than your spouse as your Primary Beneficiary, then you must have your spouse complete and sign the Spousal Consent section of this Form to approve the person or entity named herein as your non-spousal Beneficiary.
4. If you are married and fail to file a Beneficiary Designation Form with the Plan Administrator, then your surviving spouse shall be your Designated Beneficiary.

Part II. Beneficiary Designation: ☐ New ☐ Change

Complete so that the percentages for each type of Beneficiary equal 100%. If the percentages do not add up to 100%, the benefit will be paid in equal shares.

Primary Beneficiary

In the event of my death, I name the following as my Primary Beneficiary(ies):

Name: _____ Social Security # _ _ _-_ _ -_ _ _ _

Address: _____ Date of Birth: _ _ /_ _ /_ _ _ _

City: _____ State ___ ZIP Code: _____

Relationship: ☐ Spouse ☐ Other: _____

Percentage of total benefit to be paid to the above person or entity. _____%.

☐ Per Stirpes ☐ Per Capita

****

Name: _____ Social Security # _ _ _-_ _ -_ _ _ _

Address: _____ Date of Birth: _ _ /_ _ /_ _ _ _

City: _____ State ___ ZIP Code: _____

Relationship: _____

Percentage of total benefit to be paid to the above person or entity. _____%.

☐ Per Stirpes ☐ Per Capita

****

Name: _____ Social Security # _ _ _-_ _ -_ _ _ _

Address: _____ Date of Birth: _ _ /_ _ /_ _ _ _

City: _____ State ___ ZIP Code: _____

Relationship: _____

Percentage of total benefit to be paid to the above person or entity. _____%.

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Contingent Beneficiaries

In the event there are no living Primary Beneficiaries at the time of my death, I name the following as my Contingent Beneficiary(ies):

Name: _____ Social Security # _ _ _-_ _ -_ _ _ _

Address: _____ Date of Birth: _ _ /_ _ /_ _ _ _

City: _____ State ___ ZIP Code: _____

Relationship: _____

Percentage of total benefit to be paid to the above person or entity. _____%.

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****

Name: _____ Social Security # _ _ _-_ _ -_ _ _ _

Address: _____ Date of Birth: _ _ /_ _ /_ _ _ _

City: _____ State ___ ZIP Code: _____

Relationship: _____

Percentage of total benefit to be paid to the above person or entity. _____%.

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****

Name: _____ Social Security # _ _ _-_ _ -_ _ _ _

Address: _____ Date of Birth: _ _ /_ _ /_ _ _ _

City: _____ State ___ ZIP Code: _____

Relationship: _____

Percentage of total benefit to be paid to the above person or entity. _____%.

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Part III. Participant's Acknowledgement: By signing this Beneficiary Designation Form, I acknowledge and authorize the payment of my vested account balance in the 401k Plan in the event of my death to the person(s) or entity(ies) named herein. I further acknowledge that this designation will remain in effect until a new Beneficiary Designation Form is filed with the Plan Administrator.

I certify that I am ☐ Married ☐ Single and acknowledge that I understand the Spousal Consent provisions of the Plan.

_____ _ _ /_ _ /_ _ _ _

Participant's Signature Date

If you are married, and have not named your spouse as your Primary Beneficiary, who is entitled to 100% of your account balance, you must have your spouse's consent for the designation that you have made. This is in Part IV on the following page. Your spouse's signature must be notarized.

Part IV. Spousal Consent (if applicable): I hereby approve of and consent to the above Beneficiary Designation in the 401k Plan (the "Plan"). I understand the effect of this election and hereby waive my right to receive the benefit that would otherwise be payable under the Plan.

_____ _ _ /_ _ /_ _ _ _
Spouse's Signature Date

Notary Certification for Spousal Consent

I, _____, a Notary Public in and for the County of _____, State of _____, do hereby certify that on this _____ day of _____, _____ before me came _____, to me known to be the person whose name is subscribed above, and that such person did in my presence execute the Spousal Consent, having acknowledged to me that it was done as a free and voluntary act.

( ) _____
( ) Notary Public
( )
(SEAL)
( ) My Commission Expires:_____
( )

Part V. Plan Administrator's Acknowledgement: I hereby confirm receipt of this Beneficiary Designation Form and certify that all Employee Information is correct.

_____ _ _ /_ _ /_ _ _ _
Plan Administrator's Signature Date