

**BENEFICIARY DESIGNATION**

Name of Plan: \_\_\_\_\_

TO: Plan Administrator

I, \_\_\_\_\_, a participant in the Plan hereby make the following designation of beneficiary.

**NAME**

**RELATIONSHIP**


For any married participant, no beneficiary designation may be valid prior to the earlier of the first day of the employer’s plan year in which the participant attains the age 35 or terminates employment with the employer. Prior to the above date, the participant’s spouse shall be the designated beneficiary.

If more than one beneficiary is designated, any benefits payable will be shared equally among all survivors unless otherwise provided herein.

Any beneficiary designations previously made by me are hereby revoked.

Participant’s Signature	Date	Social Security Number

I acknowledge that I am entitled to a benefit equal to at least one half of my spouse’s vested accrued benefit. I waive my right to such benefit and consent to designation of beneficiary set forth above. If I am not named above as a beneficiary I will receive no benefit from this plan.

Spouse’s Signature	Date

Plan Representative or Notary Public	Date

- A spouse’s signature is required only if the beneficiary designated is not he participant’s spouse.

Case No. \_\_\_\_\_