

DESIGNATION OF BENEFICIARY

Name of Participant: _____

Name of Plan: _____

Pursuant to the designation of a Beneficiary or Beneficiaries by a Plan Participant, I, _____, hereby designate the following as Primary and Contingent Beneficiaries of my Accumulated Benefits which will be paid by reason of my death under provisions of the Plan.

PRIMARY BENEFICIARY:

PRIMARY BENEFICIARY:

Name

Name

Relationship

Relationship

Date of Birth Percentage SSN

Date of Birth Percentage SSN

Address

Address

City State Zip Code

City State Zip Code

CONTINGENT BENEFICIARY:

CONTINGENT BENEFICIARY:

Name

Name

Relationship

Relationship

Date of Birth Percentage SSN

Date of Birth Percentage SSN

Address

Address

City State Zip Code

City State Zip Code

THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION IS HEREBY RESERVED. ALL PRIOR DESIGNATIONS OF BENEFICIARIES ARE HEREBY REVOKED.

The Trustee shall pay all Accumulated Benefits under the Plan by reason of death to the Primary Beneficiary(ies), and if no Primary Beneficiary(ies) shall survive, then to the Contingent Beneficiary(ies), and if no Contingent Beneficiary(ies) survive(s) or are designated, then to the estate of the Participant.

Date

Participant's Signature

Date

Witness