

**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**