

1 _____
 Name (Last Name, First Name, Initial) Social Security Number
 _____ % _____
 Percentage Relationship Date of Birth _____
 Month Day Year

 Address, City, State, Zip Code, Country

2 _____
 Name (Last Name, First Name, Initial) Social Security Number
 _____ % _____
 Percentage Relationship Date of Birth _____
 Month Day Year

 Address, City, State, Zip Code, Country

3. Spousal Consent

I hereby consent to my spouse's designation of the beneficiary(ies) listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

 Signature of Participant's Spouse Name - please print Date

Witnessed by Notary Public

State of _____ County of _____, ss. On this, the ____ day of _____, 20 _____,

Before me personally appeared _____ known (or satisfactorily proven)
 To me to be the person who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

 Signature of Notary

(SEAL)

My commission expires: _____
 Month Day Year

OR

Witnessed by Plan Representative

Signed on _____, 20 _____ in the presence of: _____

4. Contingent Beneficiary Designation

If no primary beneficiary listed above survives me, I hereby designate as my beneficiary the person or persons listed below who survive me. I understand that if I designate more than one beneficiary below, **the percentages must add up to 100%**. Payment to secondary beneficiaries will be made according to the rules of succession described for Primary Beneficiary.

① _____ Social Security Number _____
Name (Last Name, First Name, Initial) _____
_____ % _____ Date of Birth _____
Percentage Relationship Month Day Year

Address, City, State, Zip Code, Country

② _____ Social Security Number _____
Name (Last Name, First Name, Initial) _____
_____ % _____ Date of Birth _____
Percentage Relationship Month Day Year

Address, City, State, Zip Code, Country

5. Signature

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan. I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.

Signature of Participant Name - please print Date