

PARTICIPANT BENEFICIARY CHANGE FORM

NAME OF PLAN (please print)

PARTICIPANT INFORMATION

Name _____ Birth Date _____

Address _____ Hire Date _____

Officer [] Yes [] No

Social Security Number _____

Married [] Yes [] No

Spouse's Name _____

Spouse's
Date of Birth _____

BENEFICIARY DESIGNATION

I would like to change my Beneficiary Designation as previously submitted.

[] I am married and understand that my spouse will be my beneficiary. With my spouse's notarized consent we may designate an alternate beneficiary. (To do so, request a Spouse's Waiver Form.) Please complete PRIMARY BENEFICIARY INFORMATION. If my spouse predeceases me, I designate the following beneficiary(ies) as listed below. Please complete the CONTINGENT BENEFICIARY INFORMATION.

PRIMARY BENEFICIARY INFORMATION

Name Relationship

Name Relationship

CONTINGENT BENEFICIARY INFORMATION

Name Relationship

Name Relationship

[] I am not married. I understand that upon my marriage my spouse will become my beneficiary and I must notify my employer of any change in my marital status. I designate the following beneficiary(ies):

PRIMARY BENEFICIARY INFORMATION

Name Relationship

Name Relationship

PARTICIPANT SIGNATURE

DATE

BENEFICIARY/SURVIVOR BENEFITS - SPOUSAL WAIVER

PRE-RETIREMENT SURVIVOR BENEFITS

If you are married and die prior to receiving retirement benefits, the entire value of your account will be paid to your spouse. Your spouse may consent to naming another beneficiary and waive her/his right to the pre-retirement survivor benefits.

Alternate (non-spouse) Beneficiary

SPOUSE'S CONSENT & WAIVER

I hereby consent to the naming of the alternate (non-spouse) beneficiary written above and waive my right to receive any survivor's benefits. I understand that the above beneficiary designation will remain in force unless changed by my spouse.

Spouse's Signature

Date

WITNESS (NOTARY PUBLIC or PLAN TRUSTEE)

Signature

Date

PARTICIPANT

Print Name

Date

Signature

Date