

**APPLICATION FOR PARTICIPATION WITH
BENEFICIARY DESIGNATION**

Please Print or Type all Responses

Plan Name: _____

Participant Name: _____

Check one:

_____ *I hereby apply for Participation in the above named Plan and acknowledge receipt of the Summary Plan Description.*

_____ *I am already a Participant in the above named Plan and I hereby revoke any prior Beneficiary Designations I have made.*

I. MARITAL STATUS (Check one):

_____ **UNMARRIED PARTICIPANT**

Note: Once you marry, your beneficiary designation will become invalid. If your marital status changes, immediately inform the Administrator and complete a new Beneficiary Form. (Complete only Section II of this form. Section III does not apply.)

_____ **MARRIED PARTICIPANT**

Note: Your spouse is required to be your Beneficiary unless you elect otherwise (Section II of this form) AND your spouse consents (Section III of this form). If your marital status changes, immediately inform the Administrator and complete a new Beneficiary Form.

II. BENEFICIARY DESIGNATION:

I have read the Notice of Pre-Retirement Survivor Benefit on the reverse side of this form and hereby designate the following beneficiary (ies) to receive amounts payable by the Plan upon my death:

Beneficiary _____ Relationship _____ Percentage _____

Beneficiary _____ Relationship _____ Percentage _____

if living, otherwise _____ (Contingent Beneficiary)

Participant's Signature

Plan Representative or Notary Public

Date

III. SPOUSAL CONSENT (REQUIRED if Spouse is NOT 100% Beneficiary, as designated in Section II above):

I have read the Notice of Pre-Retirement Survivor Benefit on the reverse side of this form. I understand that by law I am entitled to a death benefit from the Plan of 100% of my spouse's Vested Account Balance, unless I consent to waive this requirement. By signing this consent, I agree to the Beneficiary, which my spouse has elected above. I understand that my consent to the above election is irrevocable unless my spouse revokes the above designation.

Spouse's Signature

Plan Representative or Notary Public

Date

NOTICE OF PRE-RETIREMENT SURVIVOR BENEFIT

As a Participant in this Plan, the law requires that you be informed as to the disposition of your benefit upon your death before retirement.

If you are not married at the time of your death, your benefits from the Plan will be paid to your named Beneficiary. However, if you are married at the time of your death, your benefits must be paid to your spouse, unless otherwise elected.

You may elect to waive the requirement that your death benefits be paid to your surviving spouse. Your spouse must **consent in writing before a Plan Representative or Notary Public** to any waiver that you elect as to the specific non-spouse beneficiary. You may revoke the waiver any time before your death and, if you desire, make a new election, provided your spouse consents to the election.

If you elect for your spouse not to be your beneficiary (and your spouse has consented), then you may designate a beneficiary of your choosing.

It is important that you and your spouse understand your rights and obligations concerning the death benefit. You should address any questions to the Administrator. Also, because a spouse has certain rights to the death benefit, you should immediately inform the Administrator of any change in your marital status.