

DESIGNATION OF BENEFICIARY AND

NOTICE OF PRE-RETIREMENT SURVIVOR ANNUITY FOR THE

(PLAN NAME)_____

OF ((COMPANY NAME)_____

NAME)_____

As a Participant in the (Plan Name)_____ of (Company Name)_____, you will accumulate a benefit which is intended to be paid to you upon reaching the Normal Retirement Date, as defined in the Plan. In addition there are certain circumstances which may cause the benefit to be paid earlier than your Normal Retirement Date. One of these circumstances is that upon your death the funds accumulated in the Plan for you would be paid to your beneficiary.

The laws that govern payment of the proceeds of a retirement plan upon death are complex, particularly if you are married. This form attempts to explain the provisions of the law and allows you the opportunity to name a beneficiary and select the method of payment to that beneficiary. The payment of the proceeds of a retirement plan is to be a taxable event. We urge you to discuss these matters with your accountant, attorney or tax advisors.

If you are not married the proceeds of this plan will be paid to your Designated Beneficiary in the manner you have selected in these forms.

If you are married the proceeds of this plan will be paid to your spouse in a series of monthly payments over his or her lifetime. This is called **The Pre-Retirement Survivor Annuity**. If you do not want the proceeds of this Plan paid to your spouse or if you would like your spouse paid in some manner other than a lifetime annuity, for example a cash lump sum, then your spouse must agree to and confirm your decision in writing using the form in this notice. Furthermore, if you name a beneficiary other than your spouse and you are not yet 35 years old, the beneficiary designation will become invalid when you are 35 years old and a new designation must be made at that time.

If you name any individual or trust other than your spouse, you must have written consent of your spouse. For instance, if you name a Family Trust to receive your benefit in a lump sum, you must have the consent of your spouse, even if your spouse is the sole beneficiary of the Family Trust. At any time prior to your death you may name a new beneficiary. However if you are married and name someone other than your spouse, you must get the written consent of your spouse.

Please take particular note that the law is not only specific as to who is the beneficiary of your benefits but also that the normal form of payment to your beneficiary is a series of monthly payments over his or her lifetime. Most Plan Participants elect to receive their benefits from the Plan in a cash lump sum. Therefore, this form not only deals with the selection of a beneficiary but also how the benefit will be paid to your beneficiary.

It is important that you and (if you are married) your spouse understand your rights and obligations concerning your death benefit. You should direct 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.

SECTION 1
PARTICIPANT

(Print Name)		
(Street Address)		
(City)	(State)	(Zip Code)
- -		/ /
(Social Security Number)		(Date of Birth)

SECTION 2
BENEFICIARY DESIGNATION

A Trust or organization may be a beneficiary, and for this purpose may be considered to be a person. If such trust or organization does not exist at my death, it will be treated as a person who does not survive me.

As a Participant in the (Plan Name) _____ of (Company Name) _____, I hereby revoke any previous Beneficiary Designations that I have made and designate as my beneficiary(ies) the following:

Primary Beneficiary: All of my death benefit shall be payable to the following person(s) as survive me in the shares specified, or in equal shares if not specified.

Name and Address of Person Designated	Relationship	Date of Birth	Percentage or \$ Amount

Secondary Beneficiary: To receive my death benefit in the event of my death and if the Primary Beneficiary(ies) is/are not then living, in the shares specified, or in equal shares if not specified:

Name and Address of Person Designated	Relationship	Date of Birth	Percentage or \$ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 3
FORM OF BENEFIT**

I hereby elect to have my death benefit (Plan Name) _____ of (Company Name) _____ paid to my beneficiary(ies) in the following manner:

- 1. () a single lump sum
- 2. () a lifetime annuity
- 3. () life and ten (10) year certain
- 4. () installments to be paid over _____ years (may not exceed life expectancy) at the following intervals:
 - () monthly
 - () quarterly
 - () semi- annually
 - () annually
- 5. () in any manner ((1) - (4) above) elected by my Beneficiary(ies) in accordance with the terms of the Plan document without restriction

**SECTION 4
STATEMENT OF MARITAL STATUS
(please check one)**

() I am not married. I understand that if I become married in the future, this form automatically ceases to apply and I should file a new beneficiary designation.

() I am married. I understand that if my spouse is not the only Primary Beneficiary or if I have elected a form of payment to my spouse other than a lifetime annuity, my spouse must consent to my election by completing the Spousal Consent below. If my spouse does not sign the Spousal Consent, I understand that my Death Benefit will automatically be payable to my surviving spouse. I also understand that if I am not yet 35 the elections made in this form will become invalid in the Plan Year in which I turn 35 and that new elections must be made at that time.

SECTION 5
SIGNATURE

I hereby attest to the accuracy of the preceding information:

(Date)

(Signature)

SECTION 6
SPOUSAL CONSENT

Your spouse must sign here if you are married and your spouse is not named as the only Primary Beneficiary or if the form of payment is not a lifetime annuity. Also the signature of your spouse must be witnessed by a Notary Public or a Plan Representative.

I hereby certify that I am the spouse of the above named participant. The Pre-Retirement Survivor Annuity has been explained to me, and I hereby acknowledge that I understand. I have read this form as completed and signed by my spouse, and hereby consent to the beneficiary designation and the form of payment elected by my spouse. I acknowledge, by my consent, that if my spouse has named a beneficiary other than myself, I am waiving my rights to receive, and will not receive, any benefits which may be payable under the (Plan Name) _____ of _____ (Company Name) _____ on account of my spouse's death.

I understand that I may not revoke this consent. It will only be revoked if my spouse makes a new beneficiary designation. Furthermore, if that new beneficiary designation names anyone other than myself as the Primary Beneficiary, then I must also consent to the new election.

I also understand that if my spouse is not yet 35 the beneficiary designation will become invalid during the Plan Year in which he/she reaches age 35 and a new designation must be made.

PLAN REPRESENTATIVE

SPOUSE OF PARTICIPANT

(Signature)

(Signature)

(Print Name)

(Print Name)

(Date)

(Date)

--OR--

Notary Public

Subscribed and sworn to before me
this _____ day of _____ 200__

(Notary Public)