

INSTRUCTIONS TO PARTICIPANT

BENEFICIARY DESIGNATION FORM

This Beneficiary Designation Form permits you to designate a person or person(s) to receive your Plan benefits should you die prior to taking a distribution of all amounts held on your behalf under the Plan. You may use this Beneficiary Designation Form to make an initial beneficiary designation or to change an existing beneficiary designation. (For more information regarding death benefits under the Plan, see the Summary Plan Description (SPD), the Explanation of Death Benefits and Designated Beneficiaries, or contact your Plan Administrator or other Plan representative.)

The following instructions are designed to assist you in completing the *Beneficiary Designation Form*.

1. **PARTICIPANT INFORMATION.** Insert your name, Social Security number, and date of birth in the appropriate spaces
2. **PURPOSE OF THIS BENEFICIARY DESIGNATION FORM.** Check the appropriate box.
 - a. **New beneficiary designation.** Check this box if you are a new Plan participant or if you are an existing Plan participant and this is the first *Beneficiary Designation Form* you have completed.
 - b. **Modification of existing beneficiary designation.** Check this box if you are modifying a prior beneficiary designation. This *Beneficiary Designation Form* revokes any prior beneficiary designation.
3. **MARITAL STATUS.** Check the appropriate box to designate your marital status. If you are married, your spouse is the automatic beneficiary of all your vested benefits under the Plan, unless your spouse affirmatively waives his/her rights on a separate *Spousal Consent to Beneficiary Designation Form*. For more information, see the *Explanation of Death Benefits and Designated Beneficiaries*.
4. **PRIMARY BENEFICIARIES.** Insert the name, SSN and address, relationship and percentage share of the death benefit of each Primary Beneficiary. If your beneficiary is an individual and is not your spouse or is not related to you, insert "Friend" in the column under **Relationship**. If you wish to name your Estate as your beneficiary, insert "Estate" under both the **Name** and **Relationship** column. If you wish to name a Trust as your beneficiary, insert the name of the Trust and the Trustee and the date the Trust was established under the **Name** column and insert "Trust" in the **Relationship** column. (If you name a Trust as beneficiary, you must provide additional information to the Plan Administrator. The Plan Administrator will notify you as to what additional information is needed.)

Each beneficiary will receive the share of your Plan benefits designated in the **Percentage Share** column. The total amount in the **Percentage Share** column must equal 100%. If a Primary Beneficiary survives you, but dies prior to receiving his/her share of the death benefit, that Primary Beneficiary's estate will receive the death benefit unless you specifically provide otherwise in the *Beneficiary Designation Form*.

5. **CONTINGENT BENEFICIARIES.** Insert the name, SSN and address, relationship and percentage share of any Contingent Beneficiaries. You should only name a Contingent Beneficiary if you wish to name someone (other than a Primary Beneficiary) to receive your Plan benefits if all Primary Beneficiaries die before you. A Contingent Beneficiary will only receive benefits if all named Primary Beneficiaries predecease you.

A Contingent Beneficiary will receive the share of your Plan benefits designated in the **Percentage Share** column. The total amount in the **Percentage Share** column must equal 100%. If a Contingent Beneficiary survives you and is entitled to a death benefit, but dies prior to receiving his/her share of the death benefit, that Contingent Beneficiary's estate will receive the death benefit unless you specifically provide otherwise in the *Beneficiary Designation Form*.

6. **SPECIAL LANGUAGE.** Use this section to add any special provisions for determining the Primary or Contingent Beneficiaries under the Plan. You may attach additional language to this Form if the space provided is not sufficient. Any special language must be consistent with the Plan terms and federal and state laws.
7. **ACKNOWLEDGEMENT AND WAIVER.** By signing this *Beneficiary Designation Form*, you acknowledge that you have read and understood the *Explanation of Death Benefits and Designated Beneficiaries*. You may request a copy of the *Explanation of Death Benefits and Designated Beneficiaries* from the Plan Administrator.
8. **SIGNATURES.** Sign and date the form. After reviewing your elections, the Employer will also sign and date the form. The *Designated Beneficiary Form* is not effective until it is signed by both the Participant and the Employer.

EXPLANATION OF DEATH BENEFITS AND DESIGNATED BENEFICIARIES

Upon the death of a Plan participant, all vested benefits held in the Plan on the participant's behalf will be paid in accordance with the terms of the Plan to the beneficiary(ies) designated on the most recent *Beneficiary Designation Form* executed by the participant. This *Explanation of Death Benefits and Designated Beneficiaries* describes the rights of Plan participants and their spouses to designate how benefits will be paid upon a participant's death. (For more information regarding the availability of death benefits under the Plan, read your *Summary Plan Description ("SPD")* or contact the Plan Administrator.)

Unmarried Participants. If a participant is not married at the time death, the participant's vested benefit will be paid to the beneficiary(ies) designated in the most recent *Beneficiary Designation Form*. If a participant has not completed a *Beneficiary Designation Form*, the death benefit will be paid in accordance with the default distribution rules under the Plan. (For more information concerning the default distribution rules under the Plan, read your *SPD* or contact the Plan Administrator.)

Married Participants. If a participant is married at the time of death, the participant's surviving spouse is entitled to 100% of the participant's vested benefits under the Plan. A participant is considered married if he/she is not single, divorced, legally separated (by court order), abandoned (by court order), or widowed. (See the *SPD* for any special rules regarding the determination of surviving spouse for purposes of determining death benefits under the Plan.) The participant may not designate an alternate non-spouse beneficiary without the consent of the spouse. If the spouse wishes to consent to the designation of an alternative beneficiary, he/she must sign a *Spousal Consent to Designated Beneficiary Form*. If the participant's spouse does not sign a *Spousal Consent to Designated Beneficiary Form*, and have it properly notarized, any designation of an alternate beneficiary on the *Beneficiary Designation Form* is null and void and the spouse will be entitled to 100% of the participant's vested benefit under the Plan upon the participant's death.

Example. Paul wishes to name his wife as beneficiary of 50% of his vested Plan benefits upon his death. Paul would like to leave the remaining 50% of his Plan benefits to his adult son, George. To name George as beneficiary of 50% of his death benefits, Paul must complete the *Beneficiary Designation Form* naming his spouse as Primary Beneficiary of 50% of the death benefit and George as Primary Beneficiary of the other 50% of the death benefit. Paul's spouse would have to complete a *Spousal Consent to Designated Beneficiary Form* waiving her right to the death benefit and consenting to the designation of George as a Primary Beneficiary. If Paul's spouse does not complete a *Spousal Consent to Designated Beneficiary Form*, she will receive 100% of the death benefit, regardless of the designation of George as Primary Beneficiary.

Payment to Beneficiaries. If payment is to be made to more than one beneficiary, the participant's vested benefit will be divided between such beneficiaries in accordance with the designation under the *Beneficiary Designation Form*. Unless stated otherwise in the *Beneficiary Designation Form*, if any beneficiary should predecease the participant, that individual's share shall be disregarded and shared among all other beneficiaries in that individual's class.

Example. Bill names his 4 children as 25% Primary Beneficiary(ies) under the Plan. If one of Bill's children should predecease Bill, the remaining 3 children would receive 1/3 of the death benefits under the Plan upon Bill's death. Alternatively, if Bill named his spouse as 50% Primary Beneficiary and "his children" as beneficiaries of the remaining 50%, if one of the children should predecease Bill, the remaining children would still share equally in the 50% death benefit designated to their class of beneficiary.

If the participant names a Contingent Beneficiary(ies) under the *Beneficiary Designation Form*, such Contingent Beneficiary(ies) will share in the participant's death benefit only if all Primary Beneficiaries predecease the participant. Payments to Contingent Beneficiaries are determined in the same manner as Primary Beneficiaries, discussed above.

Review of Beneficiary Designation. To ensure that participants' wishes are followed upon death, participants should regularly review their beneficiary designation to ensure it is consistent with their wishes. Outside documents, such as a last will and testament, do not control the payment of death benefits under the Plan. If a participant's marital status changes, the participant should contact the Plan Administrator and/or legal counsel to ensure the *Beneficiary Designation Form* properly accomplishes his/her intentions.

Legal Counsel. The participant is solely responsible for the effect and validity of the *Beneficiary Designation Form*. Neither the Plan Administrator nor any other Plan representative is responsible for the elections made under the *Beneficiary Designation Form*. It is strongly suggested that participants seek advice of legal counsel if there is any concern as to whether the elections in the *Beneficiary Designation Form* accomplish their intentions and will be upheld upon death.