DESIGNATION OF BENEFICIARY

Plan Name: Participant:
Marital Status: [ ] Married [ ] Not Married

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Accrued Benefit under the Plan payable by reason of my death:

Primary Beneficiary [include relationship]:

WARNING: If you are married and you designate someone other than your spouse as your primary beneficiary, you must complete a different Designation of Beneficiary Form which includes a waiver that must be signed by your spouse. Please see the Plan Administrator for the proper form and instructions.

Secondary Beneficiary [include relationship]:

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND SECONDARY BENEFICIARIES.

The Trustee shall pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary shall survive me, then to the secondary beneficiary, and if no named beneficiary survives me, then the Trustee shall pay all amounts in accordance with the Plan.

_____ _____

Date of this Designation Signature of Participant

_____ _____

Date Witnessed Signature of Witness