

DESIGNATION OF BENEFICIARY FORM

A. PARTICIPANT INFORMATION

Note: The instructions on the back of this form are an integral part of this form. You should use them to assist you.

Social Security Number: _____ -- ____ -- _____ Date of Birth _____

Marital Status:

Name: _____ (Please Print)

Single Married

Home Address: _____ Street

Is this address a change?

City _____ State _____ Zip _____

Yes No

Phone _____ (Day) _____ (Eve.)

B. PRIMARY BENEFICIARY

I hereby designate the following person(s) as primary beneficiary of my account under the Plan payable by reason of my death. I understand that if I am married, my spouse shall automatically be my designated beneficiary unless I elect otherwise and my spouse consents to such election in section E of this form and the form must be notarized. If proportions are not indicated, or do not total 100%, benefits will be paid in equal shares. If no beneficiary survives you, your undistributed interest shall be paid as provided in the Plan. If additional space is needed for beneficiary information, attach a separate sheet of paper to the designation of beneficiary form with the information noted below.

Table with 5 columns: Name, Social Security Number, Address, Relationship to you, %

100%

C. SECONDARY BENEFICIARY

In the event that there is no living primary beneficiary at my death, I hereby designate the following person(s) as secondary beneficiary of my account

Table with 5 columns: Name, Social Security Number, Address, Relationship to you, %

100%

D. SIGNATURES

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent beneficiaries. (NOTE: IF YOU ARE MARRIED, SEE THE BOTTOM OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.)

PARTICIPANT SIGNATURE _____ DATE _____

Note: If your spouse is not your Designated Primary Beneficiary, then this Designation of Beneficiary is invalid without the consent of your spouse unless your spouse waived the right to consent to any change in the beneficiary designation under a prior beneficiary designation.

E. CONSENT OF SPOUSE (Signature Must Be Witnessed By a Notary)

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) such beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation. [Choose (a) or (b)]:

- [] (a) I understand I must sign a new consent to the new designation for it to be effective.
[] (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of __, 20 ____

Signature of Participant's Spouse _____

STATE OF _____ (ss.) COUNTY OF _____

On this _____ day of _____, 20____, before me appeared _____ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public

Return signed and completed form to your Benefits Office. White—Benefits Office Yellow—Plan Participant

INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

GENERAL INSTRUCTIONS

These instructions will assist you in properly completing the Primary and/or Contingent Beneficiary Section(s) of the **Designation of Beneficiary Form**.

- (1) To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show relationship as "Friend."
- (2) If you wish to name your estate, insert "Estate" in the blank space.
- (3) If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language substantially as follows:
 - To X Bank as Trustee, or its successor Trustee, of the John E. Jones Trust dated the 26th day of June, 1986, including any amendments to the Trust.
- (4) If you wish to designate more than one beneficiary - here is the most common example:
 - Three or more beneficiaries James O Jones, brother, Paul A. Jones, brother, Jane A. Smith, sister
- (5) Contingent beneficiaries only receive benefits if all named primary beneficiaries die before you.

SPOUSAL CONSENT

If you are married and your spouse is not designated as your primary beneficiary, then your beneficiary designation is invalid without the consent of your spouse unless, under a prior beneficiary designation, your spouse waived the right to consent to any change in the beneficiary designation. Your spouse's consent in this situation must be witnessed by a notary public.

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