

Alternative Beneficiary Designation Form

Use this form to designate more than one beneficiary or to name someone other than your spouse as beneficiary.

Employee Information

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Beneficiary Designation

I, the undersigned Participant, hereby direct that upon my death, my vested account balance in the Plan shall be delivered to the following Primary Beneficiary or Beneficiaries, whichever of them survives me.

I further understand that if more than one beneficiary is designated, the Plan distribution will be divided among all primary beneficiaries still living, as described below (percentages indicated below should be whole numbers and when added must equal 100%). If any primary beneficiary is not living at the time of distribution, that beneficiary's portion shall be divided among the remaining beneficiaries proportionally.

Primary Beneficiary #1

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relationship: _____ Birth Date: _____ Percentage: _____

Primary Beneficiary #2

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relationship: _____ Birth Date: _____ Percentage: _____

Primary Beneficiary #3

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relationship: _____ Birth Date: _____ Percentage: _____

Contingent Beneficiary Designation

If none of the above-named Primary Beneficiaries survive me, my vested account in the Plan shall be delivered to the following Contingent Beneficiaries or whichever of them survives me.

I further understand that if more than one beneficiary is designated, the Plan distribution will be divided among all contingent beneficiaries still living as described below (percentages indicated below should be whole numbers and when added must equal 100%). If any contingent beneficiary is not living at the time of distribution, that beneficiary's portion shall be divided among the remaining beneficiaries proportionally.

Contingent Beneficiary #1

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relationship: _____ Birth Date: _____ Percentage: _____

Contingent Beneficiary #2

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relationship: _____ Birth Date: _____ Percentage: _____

Alternative Beneficiary Designation Form (continued)

Contingent Beneficiary #3

Name: _____ SSN: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship: _____ Birth Date: _____ Percentage: _____

Employee Signature

I authorize the beneficiary designations indicated on this form and attest to the accuracy of the information contained therein.
This form supercedes all other beneficiary designation forms previously filed.

Check if applicable: Not married Missing Spouse I want my spouse to be permitted to change my beneficiary designation if he or she survives me. (Note: if you do not check this box, no changes in this beneficiary designation can be made after your death.)

Employee (print full name)

Employee Signature

Date

Spousal Consent

If you are married, your spouse must complete the following:

I, _____ (print spouse's name), understand that my consent to a primary beneficiary other than myself is strictly voluntary. I hereby consent that I agree to the beneficiary designation(s) listed on this form. I understand that upon the death of my spouse THE PROCEEDS FROM THE PLAN WILL BE DISTRIBUTED EXACTLY AS SPECIFIED ON THIS FORM.

Spouse's Address: _____

Spouse's SSN: _____

Spouse's Signature

Date

Employer or Notary Signature (Required)

This section is only to be used for Notary Public's witnessing of the Spousal Consent in absence of the employer's witness.

State of _____, County of _____, on this _____ day of _____,

in the year _____, personally appeared _____.

The subscriber, known to me to be the person described in and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same.

Employer or Notary Signature (required)

Date

Note: Multiple beneficiary designations are paid on a *per capita* basis. If any one of the beneficiaries dies prior to distribution of any Plan benefits, his or her share will be divided proportionally among and paid to the surviving beneficiaries.

For processing please return this form to your local payroll office.

Questions about this form may be directed to 1-888-568-2542, Monday through Friday, 7:00 a.m. to 8:00 p.m. Central Time.