



## Secondary Beneficiary Designation (optional)

I also name the following secondary beneficiary(ies) to receive benefits if I am not survived by any primary beneficiary (complete only if you want to name secondary beneficiary(ies):

Secondary Beneficiary(ies) Name	Secondary Beneficiary(ies) Address	Social Security No.	Date of Birth MM-DD-YYYY	Relationship ("None" if not related)	Benefit %
1.			- -		%
2.			- -		%
3.			- -		%

If you name two or more primary beneficiaries or two or more secondary beneficiaries, your benefits will be divided equally among the surviving primary or secondary beneficiaries (whichever applies), unless you indicate otherwise in the "Benefit %" columns. **Make sure the benefit percentages you list total 100%.** If any of your primary or secondary beneficiaries dies before you do, your benefits will be reallocated among the surviving primary or secondary beneficiaries (whichever applies), in proportion to the percentages you designated for them. If necessary, you may use a separate sheet to list additional beneficiaries and attach it to this form.

## 4. Participant Signature

I name the beneficiary(ies) indicated above and revoke any previous beneficiary designation made under the plan.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date (MM-DD-YYYY)

## 5. Spousal Consent

I certify that I am the spouse of the employee who has made the designations shown on this form. I have voluntarily consented to permit my spouse to name a beneficiary other than myself to receive the death benefits due under the plan. I acknowledge that I understand that: (1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive upon my spouse's death; (2) my spouse's designation of an alternate beneficiary is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes this designation or unless provided otherwise under a Qualified Domestic Relations Order.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date (MM-DD-YYYY)

WITNESSED:

\_\_\_\_\_  
Signature of Authorized Plan Representative

\_\_\_\_\_  
Date (MM-DD-YYYY)

OR

\_\_\_\_\_  
Signature of Notary Public (with stamp or seal)

\_\_\_\_\_  
Date (MM-DD-YYYY)

If Notary Public, my commission expires: \_\_\_\_\_