

Employer: _____

Name of Employee (First, Middle, Last)

Social Security Number

Address

Date of Birth

City, State, ZIP Code

Date of Hire

PARTICIPANT'S CERTIFICATION

I hereby certify that I am a participant in the above-named plan. The details of said plan have been made available to me, and I hereby acknowledge receipt of the Summary Plan Description. I agree to abide by all of the rules and regulations set forth in the plan, and, with respect to any amount payable under the plan by reason of my death, certify that I am **MARRIED*** **UNMARRIED****

Initial Designation

Change in Designation

* As certified by my signature below, I understand that, as a married Participant in the plan, any amount payable under the plan by reason of my death must be paid to my surviving spouse unless I choose another beneficiary, and my spouse consents in writing to that choice (see below). I further understand that, in the event of a divorce, I must complete and sign a new beneficiary form.

** As certified by my signature below, I understand that, as an unmarried plan participant, I am designating the person(s) or entity named below and the beneficiary of my death benefit. However, I understand that if I hereafter marry, this designation will be revoked, and I must immediately inform the administrator of the change in my marital status.

I hereby designate the following to be beneficiary(ies), such designation(s) to supersede any prior designation(s):

Primary Beneficiary(ies):

Spouse Only

OR

Other as Designated Below

Name _____

Address _____

Social Security # _____

Relationship _____

Date of Birth _____

If I am not survived by any of the Primary Beneficiary(ies), then the following shall be my Secondary Beneficiary(ies):

Name _____

Address _____

Social Security # _____

Relationship _____

Date of Birth _____

I understand that where I have designated more than one beneficiary, unless I have specified otherwise, the Primary Beneficiary(ies) or the Secondary Beneficiary(ies) who survive me shall share equally in any payment(s) from the plan. I also understand that I have the right to change a beneficiary without the consent of the beneficiary. **I further understand that if I am married, and I designate someone other than my spouse as my sole beneficiary, or in addition to my spouse, then my spouse must sign and date the following Spousal Consent section in the presence of a Notary Public or Plan Representative.**

PARTICIPANT'S SIGNATURE

DATE

SPOUSAL CONSENT

I, _____, understand that I am not the sole beneficiary. I recognize that I may not receive any benefits under this plan. I further understand that once I sign this Spousal Consent, I may not revoke it.

SPOUSE'S SIGNATURE

DATE

Sworn to before me this _____ day of _____, 20 _____

(Notary Seal)

SIGNATURE OF NOTARY PUBLIC OR PLAN REPRESENTATIVE