

INSTRUCTIONS FOR COMPLETING THE FOLLOWING FORMS:

BENEFICIARY DESIGNATION FORM: Every Plan Participant must complete a Beneficiary Designation form. This designation does not apply to any insurance policy(ies) you may have under the plan; a separate designation form is completed for such policies.

If you are married and under age 35, you may name a beneficiary other than your spouse under a special rule, only if:

- a) Your spouse is aware that he or she is not being named as the primary beneficiary; and,
- b) Waives the right to be named primary beneficiary. This written consent must be witnessed by a Notary Public, or an authorized Plan Representative.
- c) At age 35, you must re-designate your beneficiary, and your spouse must make the above consent again at that time, if you name a beneficiary other than your spouse.

If you are married and age 35 or more, you may name a primary beneficiary other than your spouse only if you follow the procedure outlined above for spousal consent.

If you are not married, you may designate any other person or entity as your beneficiary.

NOTICE OF PRE-RETIREMENT SURVIVOR ANNUITY: This Notice is distributed to all Plan Participants aged 32 or more, and states that the spouse will receive any death benefit paid in the form of a "Survivor Annuity". *(see footnote)

ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY: This form need only be completed if you wish to name someone other than your spouse as primary beneficiary, or if you wish to name a specific form of payment other than the Survivor Annuity. The spouse must consent in writing to any designation made on this form, and the spouse's signature must be witnessed by a Notary Public or Plan Representative. (If you are a Notary, you may not witness your own spouse's signature.)

The Notice of Pre-retirement Survivor Annuity is for your personal information. When you have completed your Beneficiary Designation form, and, if applicable, the Election to Waive form, please return them to the Plan Administrator.

* Although the Notice states that the spouse will receive the death benefit in the form of a "Survivor Annuity", the Plan provides that the Beneficiary has other options as to the form in which the benefit will be received, i.e. Lump-Sum, or periodic payments from the Plan, subject to the consent of the Plan Administrator.

APPLICATION FOR PARTICIPATION AND DESIGNATION OF BENEFICIARY FORM

Plan Name: _____

Participant: _____

I hereby apply for participation in the above-named Plan(s), particulars of which have been made available to me and for which I am or may become eligible. I hereby acknowledge receipt of the Summary Plan Description of the Plan(s) and do further agree to abide by all of the rules and regulations set forth in the Plan.

Alternatively, I am already a Participant in the above-named Plan(s), and I hereby update my Designation of Beneficiary for death benefits to be paid under the Plan(s).

Regarding any amount payable under the Plan by reason of my death, I hereby mark the option applicable to my situation, and, if necessary, designate the following beneficiary:

For Married Participants

I understand that the death benefit must be paid to my surviving spouse, unless I wish to choose another beneficiary and my spouse consents in writing not to be the beneficiary of the death benefit under the Plan. I understand that I must immediately inform the Administrator of any change in my marital status.

If my spouse does not survive me, I hereby name as contingent beneficiary:

For Unmarried Participants

I designate as beneficiary the person(s) named below. However, if I thereafter marry, this will revoke the designation. I will therefore immediately inform the Administrator of any change in my marital status.

Designated Beneficiary:

whose address is

if living at the time of my death, or if not living, then

I have marked one of the applicable options above.

EXECUTED THIS _____ day of _____, 20_____.

WITNESS: _____ Employee (print): _____

Address of Witness: _____ Signature: _____

_____ Social Security #: _____

_____ Birthdate: _____

DESIGNATION OF BENEFICIARY OTHER THAN SPOUSE

Plan Name: _____

Participant: _____

As the participant, I hereby designate the following beneficiary (or beneficiaries), subject to the consent of my spouse:

Primary Beneficiary (Beneficiaries): _____

Secondary Beneficiary (Beneficiaries): _____

Participant's Signature

Date: _____

SPOUSE'S CONSENT

I, the undersigned, being the lawful spouse of the participant named above, hereby consent to the designation by my spouse of the Primary and Secondary Beneficiary(ies) named to receive any benefit payable as a result of my spouse's death.

I understand that, if this consent is in effect at the time of my spouse's death, I have waived (given up) any right I might then have to any benefit under the Plan payable due to my spouse's death. I also understand that, had I not granted this consent, I would have had a right protected by law (subject to the provisions of any applicable qualified domestic relations order in favor of another person) to benefits payable in the event of the death of my spouse if my spouse dies while married to me.

This consent and waiver is my free and voluntary act. By granting this consent, I am voluntarily relinquishing my right to limit my consent to a specific form of benefits. I intend this consent and waiver set forth herein to continue to be effective in the event of my incompetency.

I understand that I have the right to revoke this consent and waiver by delivering to the Plan Administrator of the Plan, a written revocation of this consent and waiver, provided, however, that to be effective, such revocation must be delivered before the death of my spouse. Upon the death of my spouse, the consent and waiver contained herein, if not previously revoked, shall be irrevocable.

Name of Spouse

Signature of Spouse

Date

Signature of Witness

THIS FORM MUST BE NOTARIZED OR SIGNED IN THE PRESENCE OF AN AUTHORIZED REPRESENTATIVE OF THE PLAN ADMINISTRATOR

NOTICE OF PRE-RETIREMENT SURVIVOR ANNUITY

Plan Name: _____

As a Participant in the above-named Plan(s), the law requires that you be informed as to the disposition of your death benefit upon your death before retirement.

In the case of your death before the Plan's annuity starting date for benefits, the Plan will use the value of your death benefit to purchase a survivor annuity for your spouse. This annuity form of payment will provide your spouse with a series of monthly payments over his or her life, and will contain other appropriate annuity options.

However, beginning with the first day of the Plan Year in which you attain age 35 (or upon your termination if you are under age 35), you may elect to waive the requirement that your death benefits be paid to your spouse in the form of an annuity. Under a special rule, you may waive this requirement before you reach age 35, but if you do, the election will become invalid in the Plan Year in which you turn age 35. You would have to make a new election at that time.

Regardless of when the election is made, your spouse must consent in writing before a Plan representative or notary public to any waiver that you elect. Your spouse's consent must acknowledge the specific form of benefit or the specific nonspouse beneficiary.

You may revoke the waiver any time before your death, and, if you desire, make a new election, provided your spouse consents to the election.

If you decide to waive the requirement that your death benefits be paid to your spouse in the form of an annuity (and your spouse has consented), then you may designate a beneficiary of your choosing. If you are not married at the time of your death, the death benefit will be paid to your designated beneficiary.

It is important that you and your spouse understand your rights and obligations concerning your death benefit. You should direct any questions to the Administrator. Also, because a spouse has certain rights to the death benefit, you should immediately inform the Administrator of any change in your marital status.

ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY

Plan Name:

As a Participant in the above-named Plan(s), I hereby acknowledge that I have been informed by the Administrator that if I should die prior to my retirement, the death benefit under the Plan will be paid to my spouse in the form of an annuity over the life of my spouse; that I have the right to waive the designation of my spouse as the sole direct beneficiary of my death benefit payable in the form of an annuity only if my spouse consents in writing to such waiver; and that I have the right to revoke such waiver which may be made by me at any time without my spouse's consent. If I am making this election during a Plan Year in which I have not attained or will not attain age 35, I understand that this election will become invalid as of the first day of the Plan Year in which I will reach age 35. I will have to make a new election at that time, if I desire, and again obtain my spouse's consent.

- I hereby elect not to have my death benefit under the Plan paid in the form of an annuity. However, my spouse shall remain as my beneficiary. My death benefit will be distributed in the following manner:
- single lump sum
- installments to be paid:
 monthly quarterly semi-annually over _____ years
(may not exceed life expectancy)

unless, at the time my death benefits are to be distributed, my spouse wishes to change the manner in which distribution is to be made. In that event, my spouse shall have the right to elect the manner in which he/she shall receive my death benefits from the Plan.

I hereby waive the right to have my spouse be the sole direct beneficiary of my pre-retirement death benefit. I designate the following form of payment and beneficiary in lieu of my spouse (revoking any prior designation or contingent designation made by me):

- single lump sum installments to be paid:
- monthly quarterly semi-annually over _____ years
 (may not exceed life expectancy)

Designated Beneficiary: _____,
whose address is _____,
if living at the time of my death, or, if not living, then _____.

EXECUTED this _____ day of _____, 20_____.

Signature of Participant

Signature of Witness

ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY - page two

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse, to waive the annuity form of death benefit that is payable under the above-named Plan, and receive the benefit in the form elected. I understand I will remain the beneficiary of death benefits provided under the Plan.

I hereby consent to the designation made by my spouse in the foregoing election to have the pre-retirement death benefit paid in the form specified to the beneficiary designated in such election. The Pre-Retirement Survivor Annuity death benefit has been explained to me, and I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me in the form specified therein; (2) that such beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

EXECUTED this _____ day of _____, 20_____.

Witnessed by: _____

Signature of Participant's Spouse

Signature of
Plan Representative
or Notary Public