



Please return original Contribution Election Form to the plan's trustee. All sections on this form must be completed. Please print clearly.

STEP 1: PARTICIPANT INFORMATION (please print clearly)

Participant Name (First Name, MI, Last Name)

Social Security Number

Employer Name

Regarding any amount payable under the above named plan by reason of my death, I hereby mark the option applicable to my situation and designate the beneficiary listed below.

STEP 2: BENEFICIARY DESIGNATION (check the appropriate option)

- I hereby certify that I am not married, and designate as my beneficiary(ies) the person(s) named below.
- I hereby certify that I am married, and designate as my beneficiary(ies) the person(s) named below.
(If Primary Beneficiary is other than spouse, spousal consent is required below.)

I understand that if I do not designate a beneficiary, distributions upon my death will be governed by the terms of the plan document. I also understand that if the Trustee receives satisfactory proof that a primary beneficiary(ies) predeceases me, the assets will be paid to the contingent beneficiary(ies). I understand that I may change the beneficiary(ies) at any time after this election is made by filing a new Beneficiary Designation Form with the Trustee. Any such subsequent beneficiary designation will revoke all prior designations. I understand that a spousal consent may also be required to effectuate a change if I am married at that time. **(If you have additional primary beneficiary(ies), or wish to designate additional contingent beneficiary(ies), please attach a separate list.)**

Primary Beneficiary(ies):

Beneficiary Name (First Name, MI, Last Name) or Name of Trust	Social Security or Tax ID Number	Share %	Birth or Trust Date (MM/DD/YYYY)	Relationship or Trust
1. _____	_____	_____	____/____/____	_____
2. _____	_____	_____	____/____/____	_____
3. _____	_____	_____	____/____/____	_____
Total = 100%				

Contingent Beneficiary(ies)

Beneficiary Name (First Name, MI, Last Name) or Name of Trust	Social Security or Tax ID Number	Share %	Birth or Trust Date (MM/DD/YYYY)	Relationship or Trust
1. _____	_____	_____	____/____/____	_____
2. _____	_____	_____	____/____/____	_____
3. _____	_____	_____	____/____/____	_____
Total = 100%				

Participant Signature _____ Date (MM/DD/YYYY) ____/____/____

STEP 3: SPOUSAL CONSENT

I hereby approve of, and consent to, the designation of beneficiary elected by my spouse above. I understand that in approving a beneficiary other than myself I am waiving my right to any benefit under the plan. I further understand that this designation will remain in effect until a subsequent beneficiary designation with my written consent is filed.

Spouse Name (First Name, MI, Last Name)

Signature of Spouse _____ Date (MM/DD/YYYY) ____/____/____

NOTARY PUBLIC

State of _____, County of _____, ss. Subscribed and sworn to before me on _____, 20____, by _____ (Affiant's Name)

Notary Public _____ Date (MM/DD/YYYY) ____/____/____

CERTIFICATION

Plan Trustee or Authorized Representative Signature _____ Date (MM/DD/YYYY) ____/____/____