



Address City State Marital Status (check the appropriate box) Married Inderstand that if I am married I may only have one Primary Beneficiary which is my spouse. However, I understand I may select a Primary Beneficiary other than my spouse if my spouse signs the saction below entilled "Spousal Walver." Primary Beneficiary (print) I hereby designate the following person(s) as my beneficiary(les) to receive any beneficiary unless I compleand my spouse consents to the Plan Administrator. The benefit will be paid to my Primary Beneficiarse if living, in the event thenefits will be paid to my Primary Beneficiarse if living, in the event thenefits will be paid to my Primary Beneficiarse if living, in the event thenefits will be paid to my Secondary Beneficiary (must be notarized.) Relationship Spouse Other Share % Spouse Other Share % Secondary Beneficiary (print) Relationship Relationship Spouse Other Share % Spouse other spouse of the participant named above. I consent to my spouse's election to identify a primary be spouse). I cornsent to the above named primary beneficiary(les). I recognize that if anyone other than me is deal am walving my rights to receive benefits under the plan when my spouse dies. Spouse Must Sign Here The signature of the spouse must be witnessed by a notary public. Print Name Subscribed and swom to be	
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The signature of the spouse must be witnessed by a notary public. Print Name Subscribed and swom to be	eneficiary other than myself (the participant) signated as Primary Beneficiary on this form
	s Section
	before me on this
Signature day of	(month, year)
Today's Date/ Notary Signature	

Note: Return this completed form to your employer. Employers should keep all beneficiary forms on file.