Group Number:	Socia	Social Security Number:		
EMPLOYEE INFORMATION				
Employer Name:				
Employee Name: Last		First	MI	
Are you currently married? NO	eath benefit, your able by your Plan A	spouse must sign the Administrator. If cons		
Receipt of this form in the offices of your Employer. No change of Beneficiary will				
Beneficiary Information Upon the death of the Covered Person, a Only the Covered Person may change the paid in accordance with the policy under Please provide the following information	e designation. If no which you are cov	Beneficiary is designered.		
1. Full Name of Individual or Trust		5. Relationship to th	e Insured	
2. Address		6. Percentage of Dea	ath Benefit	
3. Social Security Number		7. Date of Trust (if a	applicable) and Tax ID number	
4. Date of Birth				
Primary Beneficiary (ies):				
Contingent Beneficiary(ies):				
Please see the following page for additional	l signatures that ma	y be applicable to you	ır beneficiary designations.	
Employee Signature		Date		
Signature of Witness (Plan Administrator or Notary Public		· · · · · · · · · · · · · · · · · · ·	Date	

## SPOUSAL CONSENT TO DESIGNATION OF BENEFICIARY OTHER THAN SPOUSE

(Your spouse must sign here if you are married and your spouse is not named as your only Primary Beneficiary)

I hereby certify that I am the spouse of the above-named Participant, and I have read this form and the attached explanation as completed and signed by the Participant. I understand that, upon the Participant's death, I am entitled to 100% of any unpaid Plan benefits unless I consent to the Participant's designation of someone other than me. In granting this consent, which I voluntarily do, I understand that I am waiving the rights I have to the death benefits under the Plan if the Participant dies, except to the extent that he or she may name me specifically as a Beneficiary herein. The designated beneficiary(ies) may not be changed at any time during which I am married to the Participant (except to designate me as his or her sole primary beneficiary) without my written consent on a form similar to this one. I hereby acknowledge and consent to the Participant's designation of the beneficiary(ies) listed above and attached hereto.

Signature of Spouse	Date
NOTARY PUBLIC I affirm that who executed the above statement.	personally appeared, known to me to the person
Dated:	
Notary Public	
State of :	<u> </u>
My Commission Expires:	
SPOUSE'S SIGNATURE MUST BE NOTARIZED	
*Please explain why you cannot locate your spouse:	
Signature of Participant	Date
NOTARY PUBLIC  I affirm that who executed the above statement of non-marriage or u	personally appeared, known to me to the person inknown location of spouse.
Dated:	
Notary Public	
State of :	_
My Commission Expires:	

PARTICIPANT'S SIGNATURE MUST BE NOTORIZED.

06/11