
Retirement Plan

BENEFICIARY DESIGNATION

I, _____, a participant in the retirement plan, designate the following beneficiary:

Name	Relationship	Percentage
_____ Primary Beneficiary	_____	_____
_____ Primary Beneficiary	_____	_____

In the event that my primary beneficiary should predecease me, I designate the following secondary beneficiary:

_____ Secondary Beneficiary	_____	_____
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For Married Participants: No beneficiary designation other than your spouse is valid unless your spouse waives the right to be designated the beneficiary. If the beneficiary designated above is someone other than your spouse, the following waiver must be signed.

I acknowledge that I am entitled to a benefit equal to at least half of my spouse's vested pension benefits. By signing below, I hereby waive my right to such benefit and consent to the designation of beneficiary set forth above. I further acknowledge that if I am not the beneficiary named above, I will receive no benefit from this plan.

Spouse's Signature

Date

Witnessed by:

Plan Representative or Notary Public

Date

Participant's Signature

Date

Social Security Number