

BENEFICIARY INFORMATION	<p>You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.</p> <p>Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. Please provide all of the information requested below. If your beneficiary is not related either by blood or by marriage, insert the words, “Not Related” as their stated relationship. If you need assistance, contact your benefits administrator or your own legal advisor.</p>				
	PRIMARY BENEFICIARY				
	NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE
	ADDRESS			PHONE NUMBER	
	NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE
	ADDRESS			PHONE NUMBER	
	CONTINGENT BENEFICIARY				
	NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE
	ADDRESS			PHONE NUMBER	
	NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE
	ADDRESS			PHONE NUMBER	

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies)

Signature of Employee _____ Date:

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).

BENEFICIARY INFORMATION	<p>Disclaimer: Spousal consent does not apply to ERISA plans. Spousal Consent For Community Property States Only: If you live in a community property state - Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Certain tribal jurisdictions may also require spousal consent. Please see your Benefits Administrator for details.</p> <p>This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.</p>	
	SIGNATURE OF EMPLOYEE'S SPOUSE	DATE