

WELFARE PLAN BENEFICIARY DESIGNATION

I hereby designate the following-named beneficiary(ies) as provided in the Welfare Plan:
(If you list more than 1 person, benefits will be shared equally.)

NAME _____ RELATIONSHIP _____

ADDRESS _____

If none of the above-named beneficiary(ies) are living at the time of my death, I designate the following-named contingent beneficiary(ies):
*(benefits will be shared equally unless otherwise indicated)

NAME _____ RELATIONSHIP _____

ADDRESS _____

*NAME _____ RELATIONSHIP _____

*ADDRESS _____

PARTICIPANT SIGNATURE _____ DATE _____

SECTION 3 - Must Be Completed for Pension Coverage

PENSION PLAN BENEFICIARY DESIGNATION

I hereby designate the following-named beneficiary(ies) as provided in the Pension Plan:
(If you list more than 1 person, benefits will be shared equally.)

NAME _____ SOCIAL SECURITY NO. _____ RELATIONSHIP _____

ADDRESS _____

PARTICIPANT SIGNATURE _____ DATE _____

If you are married and wish to designate any beneficiary(ies) other than your spouse, or your spouse shares in the pension benefits, your spouse must consent in writing to such designation and the consent must be witnessed by a Notary Public.

I acknowledge and consent to the above beneficiary(ies) as designated. I also understand that as a result of the above beneficiary(ies) designation, I am not entitled to any benefits, upon my spouse's death, under the Plan. I understand that by my signature I am waiving my right to benefits to which I am otherwise entitled by law.

Spouse's Name _____

Spouse's Signature _____

Notary Public _____ Date _____

My Commission Expires _____ Date _____

Notary Seal _____