



Plan Information

Plan Number: Plan Name:
Plan Type: 457(b) 403(b) 401(a)

Participant Information

Name: SSN:
Street Address:
City: State: Zip:
Email: Phone:

By providing your email address you are consenting to receive the electronic communications as it relates only to this form unless otherwise elected below:

- I wish to be contacted via the telephone number provided above.
I wish to be contacted via US mail

Beneficiary Designation (replaces any prior designation)

IMPORTANT NOTES:

- Beneficiaries listed below will replace any prior designation
If you designate a single primary or contingent beneficiary and do not list a percentage, the allocation will be designated as 100%

I have additional beneficiaries. If you want to designate more than two of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

For a Trust, include copies of the Trust title page, the Trust signature page, and names of the Trustees with this form.

Primary Beneficiary(ies) (Allocations must total 100%): If married, your spouse must be the only primary beneficiary unless your spouse consents to the beneficiary designation in the next section.

1. Full Name: Allocation: %
Relationship: SSN/EIN: Date of Birth:
Address: Phone:

2. Full Name: Allocation: %
Relationship: SSN/EIN: Date of Birth:
Address: Phone:

Contingent Beneficiary(ies) (Allocations must total 100%):

1. Full Name: Allocation: %
Relationship: SSN/EIN: Date of Birth:
Address: Phone:

2. Full Name: Allocation: %
Relationship: SSN/EIN: Date of Birth:
Address: Phone:

Spousal Consent (required if you're married and designate less than 100% to your spouse)

If married, your spouse must sign, acknowledging the Disclosure Statement below. Additionally, your spouse's signature must be witnessed by the Plan Sponsor or a Notary.

Not Applicable - I certify I am not married

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse Information:

Printed Name: _____

Signature: _____ Date: _____

Witness of Spousal Signatures

Witnessed by Notary or Plan Sponsor:

State of _____, in the county of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on _____ (mm/dd/yyyy).

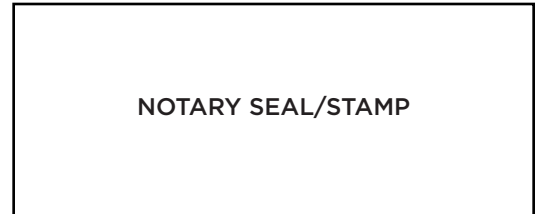
Witness Information:

Printed Name: _____

Signature: _____

Date: _____

My notary commission expires: _____



Participant Authorization Signature

Signature: _____ Date: _____