



BENEFICIARY DESIGNATION FORM - PAGE 2 OF 2

Employer Plan Number

Social Security Number

Name (Please Print)

3. SPOUSAL CONSENT

SPOUSAL CONSENT APPLIES TO (1) MOST 401 PLANS IF ELECTED BY THE EMPLOYER AND (2) ALL 457 AND 401 PLANS IF YOU LIVE IN A COMMUNITY PROPERTY STATE.

457 Plan: If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must generally name your spouse as a primary beneficiary for at least 50% of the account unless your spouse consents to waive this right. **Your spouse's written consent must be witnessed by a notary public.**

401 Plan: If you are married, most 401 plans require your spouse to be the primary beneficiary for 100% of the account unless your spouse consents to waive this right. **Your spouse's written consent must be witnessed by your employer's plan representative or a notary public.** Please read the instructions if you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) and your 401 plan does not require spousal consent to name a non-spouse beneficiary.

Spousal Consent (to be completed by the participant's spouse):

By signing below, I agree to waive my beneficiary designation in my spouse's account as outlined above. I understand the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me and each beneficiary designation is not valid unless I consent to it.

Signature of Participant's Spouse

____/____/____
Month / Day / Year

Print Name of Participant's Spouse

SPOUSAL CONSENT IS REQUIRED TO BE WITNESSED BY*:

Employer's Plan Representative

OR

Notary Public

Signature of Spouse witnessed this _____ day
of _____ (month), 20_____

Subscribed and sworn before me this _____ day of _____ (month), 20_____

Employer Representative's Signature

Notary Public's Signature

My commission

Print Name of Employer Representative

Notary Public SEAL

expires _____

*457 PLAN PARTICIPANTS WHO LIVE IN A COMMUNITY PROPERTY STATE MUST HAVE THE SPOUSAL CONSENT WITNESSED BY A NOTARY PUBLIC.

4. AUTHORIZATION

Participant Signature

____/____/____
Month / Day / Year

Employer Signature (if required)

____/____/____
Month / Day / Year

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS.