

INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

These instructions will assist you in properly completing the DESIGNATION OF BENEFICIARY form.

1. To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to or married to you, show relationship as "Friend."
2. If you wish to name your estate, insert "Estate" in the blank space.
3. Show a member of a religious order in this manner:

Mary L. Jones, niece, known in religious life as Sister Mary Agnes.

4. It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If you name a person who is a permanent resident of a foreign country, you must furnish that person's full address, including country.
5. If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language substantially as follows:

To X Bank as Trustee, or its successor Trustee, of the Bruce E. Roberts Trust dated the 26th day of May, 2000, including any amendments to the Trust.

6. More than one beneficiary -- here are the most common examples:

Three or more beneficiaries	James O. Smith, brother; Peter I. Smith, brother; and Martha N. Smith, sister
Unnamed children	My children living at my death
One contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son
More than one contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son; Alice B. Smith, daughter; and Ann Y. Smith, daughter
Unnamed children as contingent beneficiaries	Lois P. Smith, wife, if living; otherwise, my children living at my death

If one of the above examples fits your wishes, insert your designation in the blank space, using the language of the selected example. Contingent beneficiaries only receive benefits if all named primary beneficiaries predecease you. If a primary beneficiary survives you, but dies prior to receiving his or her share of the death benefit, that primary beneficiary's estate will receive the death benefit unless your DESIGNATION OF BENEFICIARY form provides otherwise.

7. If none of the above is suitable, explain in the blank space what is desired, or attach a note.

Note: If you name a trust as a beneficiary, you also must provide additional information to the Plan Administrator. The Plan Administrator will notify you as to what additional information is needed.

Note: Unless you provide otherwise in completing the DESIGNATION OF BENEFICIARY form, all sums payable to more than one beneficiary will be paid equally to all beneficiaries.

DESIGNATION OF BENEFICIARY

Participant: _____.

I hereby acknowledge receipt of the Summary Plan Description and agree to abide by all of the rules and regulations set forth in the Plan. The following applies to me (select one):

I have recently become a Participant of the Plan and I hereby make an election of beneficiary(ies).

I am already a Participant of the Plan and I hereby update my DESIGNATION OF BENEFICIARY form for death benefits to be paid under the Plan.

Regarding any amount payable under the Plan by reason of my death, I make the following election (select the one option that applies to you):

1. MARRIED PARTICIPANT

I understand that the death benefit must be paid to my surviving spouse, unless my spouse consents in writing to an alternative beneficiary. The Plan Administrator has provided me with a detailed explanation of these rights concerning the death benefit (PRE-RETIREMENT SURVIVOR BENEFIT EXPLANATION and ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR BENEFIT, WITH SPOUSAL CONSENT).

I understand that I must immediately inform the Plan Administrator of any change in my marital status.

Understanding my options, I choose to:

keep my spouse as primary beneficiary. But if my spouse does not survive me, I name as contingent beneficiary(ies):

name someone other than my spouse as the primary beneficiary. I understand that my spouse must agree to this waiver.

2. () UNMARRIED PARTICIPANT

I designate as beneficiary(ies) the person(s) named below. However, if I thereafter marry, this will revoke the designation. I will therefore immediately inform the Plan Administrator of any change in my marital status.

Primary Beneficiary(ies) and relationship: _____

Contingent Beneficiary(ies) and relationship: _____

EXECUTED this _____ day of _____, 20 _____.

Witness

Signature of Participant

Birth Date

Social Security Number