

ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR BENEFIT

Participant: \_\_\_\_\_

As a Participant in the Plan, I hereby acknowledge that I have been informed by the Plan Administrator that if I should die prior to my retirement, my spouse and I have the right to have the full account balance under the Plan paid to my spouse; that I have the right to waive the designation of my spouse as the sole direct beneficiary of my death benefit only if my spouse consents to such waiver; and that I have the right to revoke such waiver which may be made by me at any time without my spouse's consent.

I hereby waive the right to have my spouse be the sole direct beneficiary of my pre-retirement death benefit. I designate the following beneficiary in lieu of my spouse (revoking any prior designation or contingent designation made by me):

Designated Beneficiary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ ,

if living at the time of my death, or, if not living, then

\_\_\_\_\_ .

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_\_ .

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Participant

SPOUSE'S CONSENT TO WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT

I \_\_\_\_\_, spouse of \_\_\_\_\_, hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) that such beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant's Spouse

NOTE: In order to consent, there must be a witness by either a Plan Representative or a Notary.

Witness by Plan Representative.

Signature of spouse witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Plan Representative

OR

Witness by Notary.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above Spouse's Consent as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_