Beneficiary Designation / Spousal Consent Form			
Group Number:	Social Security Number:		
EMPLOYEE INFORMATION Employer Name:			
Employee Name: Last	First	MI	
Are you currently married? NO YES Beneficiary for less than 100% of your death unless this consent is not deemed applicable complete a QPSA waiver and spousal conse	by your Plan Administrator. If cons	Spousal Consent Agreement below,	
Receipt of this form in the offices of your En Employer. No change of Beneficiary will tak			
Beneficiary Information Upon the death of the Covered Person, all p Only the Covered Person may change the de paid in accordance with the policy under wh	esignation. If no Beneficiary is designation are covered.		
Please provide the following information	for each Beneficiary:		
1. Full Name of Individual or Trust	5. Relationship to th	e Insured	
2. Address	6. Percentage of Dea		
3. Social Security Number 4. Date of Birth	7. Date of Trust (if a	applicable) and Tax ID number	
Primary Beneficiary (ies):			
Contingent Beneficiary(ies):			
Please see the following page for additional sig	natures that may be applicable to you	ır beneficiary designations.	
Employee Signature		Date	
Signature of Witness (Plan Administrator or Notary Public)		Date	

SPOUSAL CONSENT TO DESIGNATION OF BENEFICIARY OTHER THAN SPOUSE

(Your spouse must sign here if you are married and your spouse is not named as your only Primary Beneficiary)

I hereby certify that I am the spouse of the above-named Participant, and I have read this form and the attached explanation as completed and signed by the Participant. I understand that, upon the Participant's death, I am entitled to 100% of any unpaid Plan benefits unless I consent to the Participant's designation of someone other than me. In granting this consent, which I voluntarily do, I understand that I am waiving the rights I have to the death benefits under the Plan if the Participant dies, except to the extent that he or she may name me specifically as a Beneficiary herein. The designated beneficiary(ies) may not be changed at any time during which I am married to the Participant (except to designate me as his or her sole primary beneficiary) without my written consent on a form similar to this one. I hereby acknowledge and consent to the Participant's designation of the beneficiary(ies) listed above and attached hereto.

Signature of Spouse	Date
NOTARY PUBLIC I affirm that who executed the above statement.	personally appeared, known to me to the person
Dated:	
Notary Public	
State of :	
My Commission Expires:	
SPOUSE'S SIGNATURE MUST BE NOTAR	IZED
*Please explain why you cannot locate your spou	ise.
Signature of Participant	Date
NOTARY PUBLIC I affirm that who executed the above statement of non-marria	personally appeared, known to me to the person ge or unknown location of spouse.
Dated:	
Notary Public	
State of :	
My Commission Expires:	

PARTICIPANT'S SIGNATURE MUST BE NOTORIZED.