

CASH BALANCE PLAN FOR SALARIED EMPLOYEES

Beneficiary Designation Form

						Social Security Number			
Employee Last Name	ast Name		First Name MI		Wor	rk Location	Hire Date		
I hereby designate the following Salaried Employees, to receive a supersede any previous beneficitionly designations will become	any benefits paya iary designations	able up I may	oon my death. v have made wit	The following the respect to	ng des this F	signations are f Plan. I unders	to can	cel and	
Marital Status (Check One):	_	ried	Single	- J					
Primary Beneficiary: (See Imp	ortant Note Belov	N)	_ -						
Beneficiary Last Name	First Name	MI	Relationship to	- Employee	So	cial Security Nu	mhar	%	
Belleficially Last Marile	FII St INGING	lvii	Kelationship to	J Ellipioyee	JU.	Cidi Security 144	HIDE	/0	
Beneficiary Last Name	First Name	MI	Relationship to	o Employee	So	cial Security Nu	mber	%	
Contingent Beneficiary(ies): my death occurs, the following otherwise specified, such benefits	contingent benefic	ciary(ie	es) is to receive	e any benefits	s paya	able upon my d			
Beneficiary Last Name	First Name	МІ	Relationship to	o Employee	Soc	cial Security Nur	mber	%	
Beneficiary Last Name	First Name	MI	Relationship to	o Employee	Soc	cial Security Nur	mber	%	
Beneficiary Last Name	First Name	MI	Relationship to	o Employee	Soc	cial Security Nur	mber	%	
Beneficiary Last Name	First Name	MI	Relationship to	o Employee	Soc	cial Security Nur	mber	%	
Signatur	e of Employee					Date			
Important Note: If you are marr must have your spouse give conse								ary, you	
I have read and consent to the abo	ove beneficiary des	signatio	n(s).						
Signature of Spouse		Date	 e						
Signature of Notary		Date		Not	Official Seal				

Please make a copy for your records.