

\_\_\_\_\_  
(Name of Employer)  
PROFIT SHARING PLAN AND TRUST  
BENEFICIARY DESIGNATION FORM

Participant Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

I hereby apply for participation in the above Plan made available to me by my employer, particulars of which have been made available to me and for which I am or may become eligible. I hereby acknowledge receipt of the Summary Plan Description of the Plan and do further agree to abide by all of the rules and regulations set forth in the Plan.

In connection therewith, I hereby designate as the beneficiary of any amounts payable under the Plan by reason of my death (hereby revoking and rescinding any designation heretofore made by me):

Primary Beneficiary\*:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

Secondary Beneficiary\*:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\*NOTE: If you are married and your primary beneficiary is someone other than your spouse, your spouse's signature and witness is required below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

**SPOUSAL CONSENT:**

I 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Witness: Plan Representative or Notary Public