

DEFERRED COMPENSATION DESIGNATION OF BENEFICIARY

I, _____, hereby designate the person(s) named below as my beneficiary(ies) to receive in the portions indicated any benefits which may become due or payable on or after from my Deferred Compensation Plan. Payments applicable per IRC Code Section 457. Designation of Beneficiaries. Participation may designate one or more persons as primary beneficiaries to equally receive any payments that become payable under the Plan after his or her death. If upon Participant's death there has been no primary beneficiary designated, payments will be made to the first surviving class of the following classes of successive preference beneficiaries: a) widow or widower; b) surviving children; c) surviving parents; d) surviving brothers or sisters; e) executors or administrators.

Full Name: _____ Relationship: _____
Last First Middle

Address: _____ Designation: () Primary or () Secondary % _____

Full Name: _____ Relationship: _____
Last First Middle

Address: _____ Designation: () Primary or () Secondary % _____

Full Name: _____ Relationship: _____
Last First Middle

Address: _____ Designation: () Primary or () Secondary % _____

Full Name: _____ Relationship: _____
Last First Middle

Address: _____ Designation: () Primary or () Secondary % _____

Full Name: _____ Relationship: _____
Last First Middle

Address: _____ Designation: () Primary or () Secondary % _____

Full Name: _____ Relationship: _____
Last First Middle

Address: _____ Designation: () Primary or () Secondary % _____

Special Requests: _____

I hereby reserve the right to change or revoke this beneficiary designation without notice to any beneficiary. In the event that more than one Designation of Beneficiary is executed by me and filed with the Employer, the latest in time shall govern. This rescinds any and all previous Designation of Beneficiary.

Participant Signature: _____ Date: _____

Address: _____ City, ST Zip: _____

Phone number: _____ Social Security Number: _____ Date of Birth: _____

Witness: _____ Spousal Consent (if necessary): _____