Social Security	# :		Date of Birth:				
Member Name	e: Last, First, Midd	lle					nistrator)
Current Marital S	Status: Singl	e Married	Divorced	Leg	ally separated	or abandoned ırt order to Plan Admir	nistrator)
Phone Number	er: ()			(141)	act provide occ	int order to Flam Admin	*
	RY INSTRUCTIONS						
employees when Section II. A probent section Also pers Section III. If yo	n completing the En rimary beneficiary n eficiary, unless you ondary beneficiary(i n two primary and/o n, ensure all second son named as the so ou are legally marrie	s used to designate the recipion rollment Form or Rollover Formust and a secondary beneficion spouse approves otherwise es) will receive the account but ary beneficiaries' benefit per per beneficiary beneficiary. Sign arold and have chosen a primary	m (if not previously iary may be design and signs the waivoalance. You must eneficiaries. Pleas centages total 100° nd date the form up	enrolled). Tated. If you Ter below. If attach an a Se ensure all 8. Please no oon complet	are married, y f the primary be dditional benef I primary benefi ote that a Joint ion.	our spouse must be the eneficiary(ies) predece iciary form(s), if you el iciaries' benefit perce Primary Beneficiary c	e sole primary sases you, the ect to designate more ntages total 100%. an be the same
BENEFICIAL Primary Benefici	RY DESIGNATION iarv						
SSN#:	·	-		SSN#:		-	
Name:	Last, First, Middle			Name:	Last, First, Middle		
Address:	Street	Apt. # /	PO Box #	Address:	Street		Apt. # / P0 Box #
Deletienekie	City, State, Zip			Lastina alatan	City, State, Zip		
Relationship:				lationship:			%
Birth Date:	Month Day	Year Year		Birth Date:	Month	Day Year	
Secondary Bene SSN#:	enciary —	-		SSN#:	-	- 1	
Name:	Last, First, Middle			Name:	Last, First, Middle		
Address:	Street	Apt. # /	P0 Box #	Address:	Street		Apt. # / P0 Box #
Relationship:	City, State, Zip		Re	lationship:	City, State, Zip		
Birth Date:			%	Birth Date:			%
shall be payable me, his or her in	to a default benefice terest and the inter-	Year ies are living at the time of my ciary or beneficiaries in accor est of his or her heirs shall ter primary beneficiary survives	rdance with the ter rminate completely	ms of the pl , and the pe	an. If any prima ercentage share	ary or contingent bene e of any remaining ben	ficiary dies before eficiary(ies) shall be
Signature of Employee/Participant Date							
I hereby consentivated unless I co	t to the above designsent to it, and that ng to the above des	omplete if your spouse is the station by my spouse of a ben my consent is irrevocable un ignation, either (i) no benefit to upon my spouse's death if a stationary in the spouse of the spouse of the stationary is the stationary in the stationary is death if a stationary i	reficiary other than less my spouse re from the Plan will b	vokes the el se payable t	ection. I have to me upon my s	read the instructions a spouse's death or (ii) o	bove and understand
Signature of Spouse Date							
Acknowledgmen I hereby acknowledgy of voluntary act an	/ledge that(mo),	(yr) and subscribed and purposes set forth in this				nally, appeared before e that he/she did so as	e me on the s his free and
		wealth of:C				Af	fix Seal Here
My commission	expires:	C	ounty ot:				

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