

Use this form to register or to change a beneficiary. The beneficiary will receive qualified death benefits if you die before retirement or before receiving Plan benefits.

Name	_____	Employee ID / SSN	_____
Mailing Address	_____	Date of Birth	____/____/____
		Date of Hire	____/____/____

Primary Beneficiary Designation

I designate the beneficiary (ies) named below to receive death benefits payable under the Cash or Lump Sum Retirement Payout Plan in case of my death. **I, _____, and if I am married and do not name**