

Beneficiary Designation Form

Part-Time Employee - Section 457 Deferred Compensation Program

Participant Information

Participant Name (<i>Last, First, Middle Initial</i>)	Social Security No.	Date of Birth (mm/dd/yyyy)	Sex (M/F)
Street Address	City	State	Zip
Work Department (Location)	Work Telephone		Home Telephone

Primary Beneficiary Information

Beneficiary Name (<i>complete legal name required</i>)	Beneficiary Social Security No.	Primary Beneficiary Percentage
Beneficiary Address	City	State Zip Code
Beneficiary Date of Birth (<i>mm/dd/yyyy</i>)		Relationship

Contingent Beneficiary Information

Contingent Beneficiary Name (<i>complete legal name required</i>)	Contingent Benef. Social Security No.	Contingent Beneficiary Percentage
Contingent Beneficiary Address	City	State Zip Code
Contingent Beneficiary Date of Birth (<i>mm/dd/yyyy</i>)		Relationship

Contingent Beneficiary Name (<i>complete legal name required</i>)	Contingent Benef. Social Security No.	Contingent Beneficiary Percentage
Contingent Beneficiary Address	City	State Zip Code
Contingent Beneficiary Date of Birth (<i>mm/dd/yyyy</i>)		Relationship

Contingent Beneficiary Name (<i>complete legal name required</i>)	Contingent Benef. Social Security No.	Contingent Beneficiary Percentage
Contingent Beneficiary Address	City	State Zip Code
Contingent Beneficiary Date of Birth (<i>mm/dd/yyyy</i>)		Relationship

Signature

I have read and acknowledged the above provisions and those contained on attachments to this Agreement. I understand that my elections above will remain effective until later changed or revoked.

Participant's Signature (*Required*)

Printed Name

Date (*required*) (*mm/dd/yyyy*)