## Designation of Beneficiary Form ESSDACK Consortium 403(b) Plan

PARTICIPANT INFORMATION (Please Print Information Clearly)					
Employee Name:		Social Security #:	D.O.B		
Street:	City:	State:	Zip:		

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary(ies)

Name	Relationship	Social Security #	Date of Birth	% Share %
				% %
<b>Contingent Be</b>	neficiary(ies)			
Name	Relationship	Social Security #	Date of Birth	% Share
				%
				%
				%

## Current Marital Status (check one)

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I am not married. I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.

I am married. If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on this form. (If consent of your spouse cannot be obtained – e.g., cannot be located or is incapacitated – contact your employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

Participant's Signature

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Date

## SPOUSE'S CONSENT

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a spouse's benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation hereof without first obtaining my written consent.

Name of Spouse	Spouse's Signature	Date
Sworn to, and witnessed by me, this	day of	(month),
Name of Notary Public:		
If not notarized, witnessed by:		
Name of Plan Administrator	Plan Administrator's Signature	Date