

FORM TO CHANGE BENEFICIARY OF LUMP SUM DEATH BENEFIT

Note: This form may be used at any time the Retiree or the Retiree and Spouse, if the Joint and Survivor Annuity has not been rejected, wishes to change the Beneficiary of the Lump Sum Death Benefit Option. The change, however, is not effective until this form, properly completed, signed and dated, is received by the Trust.

I HEREBY REVOKE ALL PRIOR DESIGNATIONS OF THE BENEFICIARY OF MY PERIOD CERTAIN AND LIFE PENSION AND HEREBY DESIGNATE THE FOLLOWING PERSON(S) AS THE BENEFICIARY OF THIS OPTION.

I hereby designate the following person(s) as beneficiary(ies) of my Lump Sum Death Benefit. PLEASE PRINT			
Name of Beneficiary			
Social Security No.			
Address City, State, Zip Code			
Relationship (Spouse, son daughter, friend, etc.)			
Percentage Share of each if more than one (1) is designated			

Name of Retiree (Please Print)

Retiree's Social Security No.

Signature of Retiree

Date

If the Joint and Survivor Annuity was not rejected and the Participant's spouse is living and is still married to the Participant, then the spouse must join in this redesignation in order for it to be valid.

I hereby join in the redesignation of the beneficiary(ies) of Participant's Lump Sum Death Benefit as set forth above.

Date

Signature of Spouse