

INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

GENERAL INSTRUCTIONS. These instructions will assist you in properly completing the Beneficiary Designation.

- (1) To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show relationship as "Friend."
- (2) If you wish to name your estate, insert "Estate" in the blank space.
- (3) Show a member of a religious order in this manner:

Mary L. Jones, niece, known in religious life as Sister Mary Agnes.

- (4) It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If you name a person who is a permanent resident of a foreign country, furnish full address.
- (5) If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language substantially as follows:

To X Bank as Trustee, or its successor Trustee, of the James A Nelson Trust dated the 26th day of May, 2003, including any amendments to the Trust.

- (6) More than one beneficiary - here are the most common examples:

Three or more beneficiaries	James O. Smith, brother; Peter I. Smith, brother; and Martha N. Smith, sister
Unnamed children	My children living at my death
One contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son
More than one contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son; Alice B. Smith, daughter; and Ann Y. Smith, daughter
Unnamed children as contingent beneficiaries	Lois P. Smith, wife, if living; otherwise, my children living at my death

If one of the above examples fits your wishes, insert your designation in the blank space, using the language of the selected example. Contingent beneficiaries only receive benefits if all named primary beneficiaries predecease you. If a primary beneficiary survives you, but dies prior to receiving his share of the death benefit, that primary beneficiary's estate will receive the death benefit unless your Beneficiary Designation provides otherwise.

- (7) If none of the above is suitable, explain in the blank space what is desired, or attach a note.

NOTE: Unless you provide otherwise in completing the Beneficiary Designation, the trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

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BENEFICIARY DESIGNATION

To the Trustee of _____ (“Plan”):

Re: _____, Participant

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Account Balance under the Plan payable by reason of my death:

Primary Beneficiary(ies) [include address and relationship]:*
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Contingent Beneficiary(ies) [include address and relationship]:*

Note to Participant:

(1) *Trust beneficiary.* If you name a trust as a beneficiary, the trustee also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death. The Plan Administrator will provide you or the trustee with the additional forms you must complete.

(2) *Estate planning.* If you are not certain how the death distribution of your plan account affects the disposition of your entire estate, or if you have any questions regarding the estate planning consequences of your beneficiary designation, you may wish to consult with a professional tax advisor before you complete this Beneficiary Designation form.

(3) *Effect of divorce.* A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a beneficiary, unless the decree or a qualified domestic relations order provides otherwise.

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

Date of this Designation

Signature of Participant

IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

Note: The Beneficiary Designation is invalid without the consent of your spouse unless your spouse is the sole beneficiary or, under a prior beneficiary designation, your spouse waived the right to consent to any change in the beneficiary designation.

CONSENT OF SPOUSE

I, the undersigned spouse of the Participant named in the foregoing “Beneficiary Designation,” hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation is my spouse’s account balance under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation [Choose (a) or (b)]:

- (a) I understand I must file a similar consent to the new designation, or my consent is no longer effective.**
- (b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary designated on the reverse side of this form by checking box (a).**

I have executed this consent on _____.

Signature of spouse of participant

Signature of spouse witnessed on _____, in the presence of:

or _____, Plan Representative

STATE OF _____ ((ss.
COUNTY OF _____ (

BEFORE ME, the undersigned, a Notary Public, personally appeared who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal on _____.

(SEAL)

Notary Public

My commission expires:_____