

QUALIFIED RETIREMENT PLAN DESIGNATION OF BENEFICIARY

Please see the important notice about Qualified Pre-Retirement Survivor Annuities on page two of this form.

I. PARTICIPANT INFORMATION

NAME: _____ DATE OF BIRTH: / /
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER: - -
MARITAL STATUS: SINGLE MARRIED (NOTE: Spousal consent may be required. See below.)

II. ACCOUNT INFORMATION

CHECK ONE: PROFIT SHARING PLAN MONEY PURCHASE PENSION PLAN TARGET BENEFIT PLAN 401(k) PLAN
 403(b)(7) CUSTODIAL ACCOUNT

ACCOUNT NUMBER: (For self-directed accounts only) -
(Office) (Account)

III. BENEFICIARY INFORMATION

DESIGNATION OF BENEFICIARY: I hereby make the following beneficiary designation(s) pursuant to the retirement account indicated above.
 CHANGE OF BENEFICIARY: I hereby revoke all prior beneficiary designations and designate the following beneficiary(ies) for my account.

PRIMARY BENEFICIARIES

NAME: _____	RELATIONSHIP: _____	NAME: _____	RELATIONSHIP: _____
ADDRESS: _____		ADDRESS: _____	
GENDER: _____	PERCENTAGE: _____	GENDER: _____	PERCENTAGE: _____
DATE OF BIRTH: <input type="text"/> / <input type="text"/> / <input type="text"/>		DATE OF BIRTH: <input type="text"/> / <input type="text"/> / <input type="text"/>	
SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/> - <input type="text"/>		SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/> - <input type="text"/>	

CONTINGENT BENEFICIARIES (Contingent beneficiaries will be paid only if all primary beneficiaries do not survive the participant)

NAME: _____	RELATIONSHIP: _____	NAME: _____	RELATIONSHIP: _____
ADDRESS: _____		ADDRESS: _____	
GENDER: _____	PERCENTAGE: _____	GENDER: _____	PERCENTAGE: _____
DATE OF BIRTH: <input type="text"/> / <input type="text"/> / <input type="text"/>		DATE OF BIRTH: <input type="text"/> / <input type="text"/> / <input type="text"/>	
SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/> - <input type="text"/>		SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/> - <input type="text"/>	

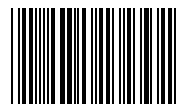
FORM OF DISTRIBUTION OF DEATH BENEFITS (For qualified plans and 403(b)(7) custodial accounts subject to the terms of the Employee Retirement Income Security Act of 1974)

CHECK ONE: Please refer to Qualified Retirement Plan Document Sections 5.01 through 5.14 or 403(b)(7) Custodial Account Agreement Article IV, Section 1, as applicable.

NOTE: A selection other than a Pre-Retirement Survivor Annuity may require spousal consent. See below.

QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY LUMP SUM INSTALLMENTS OVER _____ YEARS ONLY
 INSTALLMENTS OVER _____ YEARS WITH THE OPTION FOR THE BENEFICIARY TO ELECT A SINGLE SUM PAYMENT
 AS BENEFICIARIES SHALL DESIGNATE

Selection of any one of the above payment options may have important tax consequences. Accordingly you should consult your tax professional before completing this form. The participant understands that Pershing LLC takes no responsibility for advising participants on these rules. The participant agrees to indemnify and hold harmless Pershing against adverse consequences of this beneficiary designation or form of distribution of death benefits.



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IV. SPECIAL INSTRUCTIONS

If for any reason no person designated qualifies or survives the Participant, payment will be made in accordance with the terms of the Plan or the Custodial Account Agreement, as applicable. If you are married, this section must be reviewed and signed by your spouse if: 1) Either the trust or the residence of the account holder is located in a community or marital property state (currently AZ, CA, ID, LA, NV, NM, TX, WA, and WI) and you have named someone other than your spouse as your sole primary beneficiary; or, 2) the Plan or Custodial Account is governed by the Employee Retirement Income Security Act of 1974 (ERISA) and you have named someone other than your spouse as the sole primary beneficiary; or, 3) except for certain Retirement Equity Act "Safe Harbor" profit sharing or 401(k) plans, the Plan or Custodial Account is governed by ERISA and you have selected a form of distribution of death benefits other than a Joint and Survivor Annuity or Pre-Retirement Survivor Annuity (see below).

PARTICIPANT SIGNATURE: _____

DATE: _____

V. SPOUSAL CONSENT

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest this Plan or Custodial Account, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this Plan or Custodial Account and consent to the beneficiary designations(s) indicated above or a form of distribution of death benefits other than a Joint and Survivor Annuity or Pre-Retirement Survivor Annuity. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Pershing. I agree to indemnify and hold harmless Pershing against adverse consequences of this beneficiary designation or form of distribution of death benefits.

SIGNATURE OF SPOUSE: _____

DATE: _____

(Required in community or marital property states)

NOTARY PUBLIC: _____

DATE: _____

Important Information About Qualified Pre-Retirement Survivor Annuities

If you are married, the law requires that any amount remaining in your plan account be paid to your surviving spouse in a certain manner upon your death. This manner of payment is called a "Qualified Pre-Retirement Survivor Annuity," and will provide your spouse with a series of periodic payments over his or her life. The size of the periodic payments will depend on the amount remaining in your plan account.

For instance, assume that a participant dies with an account balance of \$10,000. If the balance is paid to the surviving spouse in the form of a Qualified Pre-Retirement Survivor Annuity, the annuity will provide the spouse with monthly payments of \$76.60. (This payment amount is an estimate based on the Individual Annuity Mortality Tables – 71, using a 5% interest rate with payments commencing at age 65.)

You may elect to waive the following:

- The requirement that your surviving spouse be paid in the form of a Qualified Pre-Retirement Survivor Annuity, and,
- If applicable, the requirement that your spouse be your beneficiary.

You may make either or both of the above elections beginning with the first day after which you become a participant in the plan. Any waiver election you sign before the age of 35 will become invalid the first day of the plan year in which you attain the age of 35. At that time you may again waive the Qualified Pre-Retirement Survivor Annuity and the requirement that your spouse be your beneficiary.

Your spouse must consent in writing to either waiver. You have the right to revoke any waiver that you have made at any time. Your spouse must also consent to any subsequent changes of beneficiary.

If your vested account balance is \$5,000 or less at the time of your death, the plan administrator may make a distribution to your surviving spouse in a single sum cash payment even if you did not waive the Qualified Pre-Retirement Survivor Annuity.

Because a spouse has certain rights under the law, you should inform your plan administrator immediately of any changes in your marital status. A change in your marital status may require you to complete a new Designation of Beneficiary Form.

For more information regarding Pre-Retirement Survivor Annuities, contact your plan administrator or employer.