

Check here if you are replacing a previous designation

PLEASE TYPE OR PRINT LEGIBLY

| | |
|---|-------------------------------|
| Employee Name (last, first, middle initial) | Social Security Number |
| Employer | Your Daytime Telephone Number |

I AM: SINGLE MARRIED

Note: If you are married, you will need your spouse's consent to name someone other than your spouse as your Primary Beneficiary.

YOUR DESIGNATION OF BENEFICIARY IS INVALID IF DATA IS INCOMPLETE. Use back if more space is needed.

| Name(s) of Primary Beneficiary(ies) | Relationship to You | Date of Birth | Social Security Number | Percentage |
|-------------------------------------|---------------------|---------------|------------------------|------------|
| | | | | |

Check here to split equally between primary beneficiaries.

| Name(s) of Contingent Beneficiary(ies) | Relationship to You | Date of Birth | Social Security Number | Percentage |
|--|---------------------|---------------|------------------------|------------|
| | | | | |

Check here to split equally between contingent beneficiaries.

Note: Only in the event of the death(s) of the primary beneficiary(ies) will your contingent beneficiary(ies) become effective.

TRUST BENEFICIARY

If you are designating a Trust as a Primary or Contingent Beneficiary, please indicate the Trust Date under the Date of Birth column and attach a copy of the Trust Document to this Beneficiary Designation Form.

SPOUSAL CONSENT

I, the spouse of the above-named employee, voluntarily consent to my spouse's designation. I understand that if a Primary Beneficiary other than myself has been named, no benefit will be paid to me from the AHRP upon my spouse's death except to the extent that I am named as an additional Primary Beneficiary.

| | |
|---|------|
| Spouse's Signature | Date |
| Signature of Notary Public or Human Resources Department Representative | Date |

Note: A spouse's signature must be notarized or witnessed by a Human Resources Department representative.

EMPLOYEE SIGNATURE

I understand: My designation becomes effective on the date this form is received, and it replaces any earlier beneficiary designation I have made under the AHRP. If I am married at the time of my death, and spousal consent is not properly made on this form, my spouse will receive all my AHRP benefits, regardless of whom I have named as my Primary Beneficiary.

| | |
|----------------------|------|
| Employee's Signature | Date |
|----------------------|------|

