

BENEFICIARY DESIGNATION FORM

NAME OF PLAN				COMPANY NAME				
FULL NAME								
ADDRESS						SOCIAL SECURITY NUMBER		
						POSTAL CODE		
EMPLOYEE NO.	MARITAL STATUS Married Single		HIRE DATE Month	Day	Year	DATE OF BIRTH Month	Day	Year

As a participant of the above referenced Plan, I hereby designate the following person or persons as the primary beneficiary or beneficiaries and secondary beneficiary or beneficiaries to receive benefits in the event of my death (reduced by any security interest held by the Plan by reason of a loan outstanding in my Plan). I understand that the law states that a married Participant's initial designation of a Beneficiary or change in Beneficiary designation to someone other than or in addition to his Eligible Spouse shall not be effective unless Spousal Consent is obtained, in which case will be obtained by signature on this Form.

PRIMARY BENEFICIARIES

FULL NAME			
ADDRESS			SOCIAL SECURITY NUMBER
			POSTAL CODE
RELATIONSHIP	MARITAL STATUS	PERCENTAGE (%)	DATE OF BIRTH Month Day Year

FULL NAME			
ADDRESS			SOCIAL SECURITY NUMBER
			POSTAL CODE
RELATIONSHIP	MARITAL STATUS	PERCENTAGE (%)	DATE OF BIRTH Month Day Year

SECONDARY BENEFICIARIES) In the event of death of primary beneficiaries

FULL NAME			
ADDRESS			SOCIAL SECURITY NUMBER
			POSTAL CODE
RELATIONSHIP	MARITAL STATUS	PERCENTAGE (%)	DATE OF BIRTH Month Day Year

FULL NAME			
ADDRESS			SOCIAL SECURITY NUMBER
			POSTAL CODE
RELATIONSHIP	MARITAL STATUS	PERCENTAGE (%)	DATE OF BIRTH Month Day Year

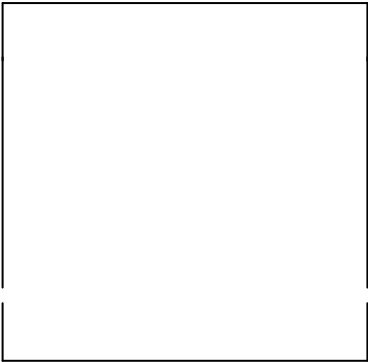
Note: If you are legally married and you have designated someone other than or in addition to your Eligible Spouse as your Beneficiary or Beneficiaries then Spousal Consent must be obtained by signature in the following section. Such certification must be obtained before Notary Public or your Plan Administrator.

I _____, am the legal Spouse of the Plan Participant and I am signing this Form and resigning to my primary Beneficiary designation as indicated in the above section of this document. I resign to my right of receiving the full benefit I might have otherwise received should my Spouse deceased.

Affidavit No.: _____

Spouse Signature

I _____, residing at _____, Puerto Rico subscribed and sworn to before me this ____ day of _____, 20__ whom stated personally before me that they are competent under the law to give this affidavit and unless stated have personal knowledge of the facts stated herein.



Notary Public Seal

NOTARY PUBLIC SIGNATURE OR PLAN ADMINISTRATOR

SIGNATURES

I certify that the information herein given is true and correct to the best of my knowledge.

PARTICIPANT SIGNATURE				DATE Month Day Year		
Official Use Reviewed by:	Date M D Y	Processed by:	Date M D Y	Plan Name		