

# Designation of Beneficiary

**Instructions to Participant**

Complete this Designation of Beneficiary form, make a copy for your records, and then file the original with the Employer. The Employer will complete the receipt and return a copy to you for your records. The Designation includes and is subject to the General Provisions on the reverse side, which should be read carefully before completing this form.

**Ancira Enterprises Employee Savings Plan #124580**

Name of Participant	Social Security Number	Address of Participant
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I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary (ies) under the Plan. I understand that if I name someone other than my spouse as a Primary Beneficiary, my spouse must consent, sign the bottom of this form and have it witnessed by either my Employer or a notary public. Spousal consent is required even if my spouse is the beneficiary under a trust agreement. If I am not married, I can elect any Beneficiary without consent from an outside party.

Name	Share (if applicable) % enlisted	Relationship	Social Security Number	Current Address	Date of Birth
Primary Beneficiary(ies)					
Contingent Beneficiary(ies)					

**Current marital status (check one)**

- I am not married.** I understand that if I become married in the future, my spouse is automatically my Beneficiary unless a new Designation of Beneficiary form is completed and the spousal consent is completed on the bottom of this form.
- I am married.** If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on the bottom of this form. (If consent of your spouse cannot be obtained, e.g., cannot be located or is incapacitated, contact the Employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation or remarry. If I remarry, my new spouse will automatically become my beneficiary unless a new Designation of Beneficiary form is completed. If any portion of my account is subject to the qualified joint and survivor annuity rules, I understand that if this Beneficiary Designation is made before the first day of the Plan year in which I attain age 35 years and I die on or after that date while married, then this Designation is void.

**Participant Signature:**

Date	Signature of Participant
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**Consent by Spouse**

I certify that I am the spouse of the Participant named on the top of this form. I have read the form completed and signed by my spouse. I hereby consent to this Designation of Beneficiary. I acknowledge that to the extent anyone other than me is designated as a Primary Beneficiary, I am waiving any rights that I may otherwise have to receive benefits under the Plan after my spouse's death. I also understand that my consent is not revocable.

Date	Signature of Spouse
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**Signature witnessed by:**

Employer Signature
Title
Date

Notary Seal, if applicable:

**For Employer Use Only**

Received for filing on (date)	By	Title
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1. *Unless otherwise expressly provided on the face of this Designation of Beneficiary, all sums payable under the Plan by reason of the death of the Participant shall be paid as follows:*
  - (a) *The entire death benefit shall be paid in equal shares to the Primary Beneficiaries who survive the Participant.*
  - (b) *If no Primary Beneficiary survives the Participant, the entire death benefit shall be paid in equal shares to the Contingent Beneficiaries who survive the Participant.*
  - (c) *If no Primary or Contingent Beneficiary survives the Participant, the entire death benefit shall be paid according to the terms of the Plan.*
  - (d) *If a Beneficiary is alive and otherwise eligible to receive a benefit on the date of the Participant's death but dies before actually receiving payment of the entire benefit, the remaining benefit shall be paid to the deceased Beneficiary's estate.*
2. *No Beneficiary will be allowed to designate a successor Beneficiary.*
3. *The Participant may change this Designation of Beneficiary at any time without the consent of any person designated as a Beneficiary (other than any required consent by spouse).*
4. *Neither this Designation nor any future change of Designation will be effective for any purpose unless filed with the Employer prior to the death of the Participant.*
5. *This Designation of Beneficiary is subject to the terms of the Plan as it may be amended from time to time. All rights of the Participant, the designated Beneficiaries, and any other person to benefits under the Plan are governed by the terms of the Plan. The employer has the right to amend the Plan in any manner that may affect this Designation without notice to, or consent of, any Participant or Beneficiary.*