## BENEFICIARY DESIGNATION

To the Trustee of	("Plan"):
Re:, Part	
Pursuant to the provisions of the Plan permitting the designation participant, I hereby designate the following person or persons as Account Balance under the Plan payable by reason of my death:	on of a beneficiary or beneficiaries by a primary and secondary beneficiaries of my
Primary Beneficiary(ies) [include address	and relationship]:*
Contingent Beneficiary(ies) [include address	ss and relationship]:*
	at as a beneficiary, you also must satisfy ts no later than your "required beginning rovide you with the additional forms you
[Effect of divorce. A divorce decree or a decree of legal separation your spouse as a beneficiary, unless the decree or a qualified domain to the decree of a qualified domain to the decree of a qualified domain.	nestic relations order provides otherwise. <sup>1</sup> ]
I RESERVE THE RIGHT TO REVOKE OR CHANGE AN HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) CONTINGENT BENEFICIARIES.	NY BENEFICIARY DESIGNATION. I OF PRIMARY BENEFICIARIES AND
The Trustee will pay all sums payable under the Plan by reason of or she survives me, and if no primary beneficiary survives me, th	my death to the primary beneficiary, if he en to the contingent beneficiary, and if no

Date of this Designation Signature of Participant

one beneficiary equally to the living beneficiaries.

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

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

*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.

This notice is consistent with Section 8.01 of the PPD GUST-approved defined contribution prototype plan and Section 6.2(f) of the Corbel GUST-approved defined contribution prototype plan. The practitioner should modify or delete this sentence if necessary to conform to the employer's plan document.

## **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)]:

<ul> <li>□ (a)I understand I must file a similar effective.</li> <li>□ (b)I waive my right to withhold my coright to limit my consent to the spectrum by checking box (a).</li> </ul>	onsent to that change in c	lesignation. I understand I	have the
I have executed this consent on		<del>.</del>	
	Signature of spouse	of participant	
Signature of spouse witnessed on		, in the pre	sence of:
	or	, Plan Repre	
STATE OF (			
BEFORE ME, the undersign who executed the above Consent of Spouse			appeared
IN WITNESS WHEREOF, I have signed	ed my name and affixed m	y official notarial seal on _	
(SEAL)	Notary Public		
	My commission expires	:	