

BENEFICIARY DESIGNATION FORM

Participant's Name

Social Security Number

By completing this Form and filing it with the Plan Administrator, I revoke any prior beneficiary designation I have made and designate the person or persons names below, if they survive, me to receive such benefits, if any, as may be payable to my named beneficiary under the Plan in the event of my death. This Form notwithstanding, I understand that, if I am married at the date of my death and survived by my spouse, my spouse will be my primary beneficiary, unless my spouse has consented on an appropriate Spousal Consent Form filed with the Plan Administrator to any contrary designation made on this Form.

Primary Beneficiaries' Name and Address

Relationship to Me

Date of Birth

In the absence of special instructions, any benefits payable to my primary beneficiaries shall be paid in equal shares to those who survive me. If none of my primary beneficiaries survive me, I hereby designate the contingent beneficiary or beneficiaries named below, if they survive me, to receive any benefits payable under the Plan in the event of my death.

Contingent Beneficiaries' Name and Address

Relationship to Me

Date of Birth

In the absence of special instructions, any benefits payable to my contingent beneficiaries shall be paid in equal shares to those who survive me.

Special Instructions (if any):

I understand and direct that any benefits payable under the Plan in the event of my death which are not payable to my surviving spouse or to an individual who survives me under any of the above provisions shall be paid as provided in the Plan. I also understand that I may revoke or change my designated beneficiary or beneficiaries from time to time by completing another Beneficiary Designation Form and filing it (together with an appropriate Spousal Consent Form if I am married and am naming someone other than my spouse as primary beneficiary) with the Plan Administrator.

I am presently (check one)

_____ married

_____ single

Date Signed

Signature of Participant

Date Received

Signature of Plan Representative

SPOUSAL CONSENT FORM

Participant's Name

Social Security Number

Spouse's Name

Social Security Number

I am married to the above-named Participant. I understand that the Participant wants to name beneficiaries other than me to receive any death benefits payable under the Plan in the event of the Participant's death.

By completing this form and filing it with the Plan Administrator, I waive my automatic spouse's right to be the Participant's primary beneficiary under the Plan and consent to the designation of other beneficiaries by the Participant.

I understand that:

1. The death benefits payable under the Plan may be substantial in amount.
2. Because I have signed this Form, such death benefits will *not* be automatically payable to me if I survive the Participant.
3. Because I have signed this Form, such death benefits will be payable to the beneficiaries designated by the Participant.
4. After this signed Form and the Participant's *Beneficiary Designation Form* are filed with the Plan Administrator, I cannot later change my mind or revoke my consent to the Participant's designation of beneficiaries other than me.

Date Signed

Signature of Spouse

The above consent shall not be effective unless the signature of the spouse is witnessed by a Notary Public or Plan Administrator and the following acknowledgement is completed.

STATE OF CONNECTICUT)

:s.s.

20__

COUNTY OF)

Personally appeared _____, signer of the foregoing consent, who signed the consent and acknowledged the same to be his/her free act and deed, before me.

Date Received

Signature of Witness
(Notary Public or Plan Administrator)