



Life/10
DESIGNATION OF BENEFICIARY
BY UNMARRIED PENSIONER
(this form to be completed only if Life/10 elected)

(Print) Name of Pensioner Social Security Number Phone Number

I am not legally married and hereby authorize the Plan to pay, upon my death, any remaining guaranteed monthly payments to the following named beneficiary(ies).

If the pensioner dies before receiving the guaranteed minimum of 120 payments, monthly payments will continue to your beneficiary(ies), ending when a total of 120 payments have been made. If a beneficiary dies before all guaranteed payments have been made, remaining benefits shall be divided among the remaining named beneficiary(ies) in the proportions designated by the pensioner.

Contingent beneficiaries may be designated to receive benefits if the primary beneficiary dies before receiving all guaranteed payments by allocating a 100% share for the primary beneficiary(ies) and marking additional designations as "contingent". Please be sure to indicate your choice of beneficiary(ies) and clearly note the shares to be paid.

Table with 4 columns: NAME AND ADDRESS OF BENEFICIARY, Relationship, Percent To Be Paid, and sub-headers for Name, Address, City, State, Zip, Social Security Number, Date of Birth, and Phone Number.

(Additional beneficiaries may be designated on a separate sheet, which must be dated, signed and attached to this form.)

This designation shall stand unless modified by me in the manner provided by the Plan, and shall supersede any and all designations previously made, which are hereby revoked.

Signature of Pensioner Date

Signature of Witness (other than beneficiary) Address of Witness City State Zip

