

## WAIVER OF PRE-RETIREMENT SURVIVOR ANNUITY / BENEFICIARY DESIGNATION

Company Name: \_\_\_\_\_

Plan Type (check applicable):     401(k)     Profit Sharing     Profit Sharing 401(k)  
    Defined Benefit     Money Purchase     Other \_\_\_\_\_

I hereby acknowledge that I have been informed by the Plan Committee of the following:

(1) In the event of my death prior to retirement, my spouse shall receive any death benefit under the Plan. I may designate someone other than my spouse as beneficiary of my death benefit if my spouse consents in writing to such designation;

(2) The death benefit payable to my spouse shall be paid in the form of a Pre-retirement Survivor Annuity, which shall be a monthly annuity for the life of my spouse. I have the right to waive the payment of the death benefit in the form of a survivor annuity if my spouse consents in writing to such waiver. Such waiver will not decrease the death benefit otherwise payable to my spouse, but will allow my spouse to choose the form of payment of the death benefit;

(3) I can revoke such waiver or designate my spouse as beneficiary at any time without my spouse's consent.

(4) If I am not married, my death benefit will be payable to my beneficiary named below in any form of payment allowed by the Plan, at the election of the beneficiary.

### SURVIVOR ANNUITY ELECTION

I hereby acknowledge that I have received and understand this information and (**check one**):

- I elect to waive the survivor annuity form of payment  
(spouse must consent in writing on the second page of this form.)
- To accept the survivor annuity form of payment.

I hereby certify that I am not married and therefore the spousal consent is not applicable. I understand if I later marry this designation becomes null and void and I should file a new form with the Committee.

### BENEFICIARY DESIGNATION

BENEFICIARY 1: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PERCENT: \_\_\_\_\_

BENEFICIARY 2: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PERCENT: \_\_\_\_\_

BENEFICIARY 3: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PERCENT: \_\_\_\_\_

BENEFICIARY 4: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PERCENT: \_\_\_\_\_

Total = 100%

I understand that if I have designated someone other than my spouse as the sole direct beneficiary of my pre-retirement death benefit, that such designation is not valid unless my spouse consents in writing to such designation on this form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

I hereby consent to the election on the first page of this form by my spouse to waive the Pre-retirement Survivor Annuity form of death benefit that is payable under the Plan.

I hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary specified on the election on the first page of this form. The Pre-retirement Survivor Annuity has been explained to me, and I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) that such beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

Witnessed By:

\_\_\_\_\_  
Plan Representative

(Must be notarized below if not witnessed by plan representative.)

STATE OF ILLINOIS

COUNTY OF COOK

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared \_\_\_\_\_ known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledge that they have signed said Waiver as their free and voluntary act for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
My Commission Expires:

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