

Beneficiary Change Designation Form for Defined Contribution Plans

EMPLOYER PLAN NAME		DCG&T USE ONLY	
		G&T#	PLAN#
BROKERAGE FIRM	ACCOUNT NUMBER	SS#	CODE#

I. DESIGNATION OF BENEFICIARY

Pursuant to the designation of a Beneficiary or Beneficiaries by a Plan Participant, I (print name) _____ hereby designate the following as primary and contingent Beneficiaries of my Accumulated Benefits which will be paid by reason of my death under the provisions of the Plan. The Trustee shall pay all Accumulated Benefits under the Plan by reason of death to the primary Beneficiary(ies), and if no primary Beneficiary(ies) shall survive, then to the contingent Beneficiary(ies), and if no contingent Beneficiary(ies) survive(s), or are designated, then to the surviving spouse (if any) or to the estate of the Participant. If more than one Beneficiary is designated, such Beneficiaries share equally unless otherwise specified. The Trustee shall make payment in accordance with the most recent Beneficiary Change Designation Sheet, which is on file with the Plan Sponsor.

PRIMARY BENEFICIARY INFORMATION			ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT		
NAME			NAME		
RELATIONSHIP	PERCENTAGE		RELATIONSHIP	PERCENTAGE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT			ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT		
NAME			NAME		
RELATIONSHIP	PERCENTAGE		RELATIONSHIP	PERCENTAGE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

Complete either II. Or III. If the primary Beneficiary of the Participant is a person other than the Participant's spouse or if more than one primary Beneficiary is named, the spouse must indicate consent by completing II. If not married or whereabouts of spouse is not known, complete III.

II. SPOUSE'S CONSENT I hereby consent to the foregoing Beneficiary Designation of my spouse. Furthermore, I acknowledge that I understand that (1) the effect of my consent to this designation may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) my spouse's designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the above Beneficiary Designation.

Executed this _____ day of _____, 20____

WITNESSED BY PLAN REPRESENTATIVE OR NOTARY PUBLIC	SPOUSE'S SIGNATURE
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III. STATEMENT OF PARTICIPANT'S MARITAL STATUS Under the full penalties of State and Federal law, I do swear that: I have no living spouse; or I have no knowledge of the whereabouts of my spouse.

PARTICIPANT'S SIGNATURE	DATE
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The right to revoke or change any beneficiary designation is hereby reserved. All prior designations (if any) or beneficiaries are hereby revoked.

PARTICIPANT'S SIGNATURE	DATE
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Executed this _____ day of _____, 20____

WITNESSED BY NOTARY PUBLIC

Please send the original to Mesirow Financial. Please retain a copy for your records.