

Supplemental Income 401(k) Plan

A PLAN FOR UNION MEMBERS



BENEFICIARY DESIGNATION FORM

PERSONAL INFORMATION (Please complete this form in ink.)

Participant Name _____ Social Security Number _____
Please initial one of the following: _____ Initial Beneficiary Designation
_____ Amended Beneficiary Designation

STATEMENT OF SPOUSE'S RIGHTS

I understand that if I am married and I have not designated my spouse as my sole Primary Beneficiary, this form will not be valid (except as to any Contingent Beneficiary I may have named below) unless my spouse has consented by signing the "SPOUSE'S CONSENT TO ALTERNATE BENEFICIARY" section of this Form and having his or her signature witnessed by the Plan Administrator or notarized. I also understand that if I am not married at this time, but I later marry before receiving distribution of my account balances, this designation automatically will be modified to designate my spouse as my sole Primary Beneficiary unless my spouse signs the "SPOUSE'S CONSENT TO ALTERNATE BENEFICIARY" section of this Form and has his or her signature witnessed by the Plan Administrator or notarized.

BENEFICIARY DESIGNATION (Please indicate your Primary and Contingent Beneficiaries.)

I, the undersigned Participant in the above-named Plan, do hereby designate the following person(s) as Primary Beneficiary(ies) to whom distributions shall be paid in accordance with said Plan in the event of my death.

Name _____ Social Security Number _____

Address _____

Relationship _____ % of Total Payable _____

Name _____ Social Security Number _____

Address _____

Relationship _____ % of Total Payable _____

Should an above named beneficiary predecease me, the "% of Total Payable" to such Primary Beneficiary is to be paid to the following Contingent Beneficiary(ies).

Name _____ Social Security Number _____

Address _____

Relationship _____ % of Total Payable _____

Name _____ Social Security Number _____

Address _____

Relationship _____ % of Total Payable _____

The foregoing revokes all prior designation of Beneficiary(ies) made by me with respect to my interest in said Plan. I reserve the right to change my Beneficiary by filing another Beneficiary Designation Form with the Trustee.

Please consult with your own professional advisor(s) on the income and estate tax and other considerations that may be involved in selecting a beneficiary.

[] I have checked here and certify to the Employer that I am not married on the date I have signed this form.

Signature of Participant _____ Date _____

Witness (other than Beneficiary) _____

SPOUSE'S CONSENT TO ALTERNATE BENEFICIARY

I hereby consent to the Beneficiary designations made herein by my spouse, with respect to my spouse's account balance under the above named Plan, and I understand and agree that (i) if I am not designated as a Primary Beneficiary, I will not receive any benefit under the Plan in case of my spouse's death or (if I am designated as Primary Beneficiary, but not the sole Primary Beneficiary, I will not receive all of my spouse's interest in the Plan in the case of his or her death), and (ii) I will receive no joint and survivor annuity form of benefit under the Plan. I acknowledge that I am voluntarily giving up the right to be sole primary beneficiary of my spouse's Plan account balance in the event of my spouse's death before distribution of my spouse's Plan account balances, and that this consent is irrevocable (unless my spouse changes the designation of beneficiary).

Signature of Spouse of Participant _____

Please print name here _____

The signature above must be witnessed by the Employer or designee:

By _____ Title _____

or notarized here:

State or Commonwealth of _____

On this _____ day of _____, 19____, (insert name)_____

personally appeared before me and, being duly sworn, affirmed that he/she had read the above Spouse's Consent to Alternative Beneficiary and signed the same of his or her free will.

Signature of Notary Public _____

My Commission Expires on _____

Mail to:
Supplemental Income 401(k) Plan
P.O. Box 8338
Boston, MA 02266-8338

