

Beneficiary Designation Form

ACTION

PARTICIPANT INFORMATION – Please Print

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.

ACTION

BENEFICIARY DESIGNATIONS – Please indicate 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 Plan in the event of my death.

PRIMARY BENEFICIARY(IES)

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).

CONTINGENT BENEFICIARY(IES)

Name _____

Social Security Number _____

Address _____

Relationship _____

% of Total Payable _____

PLEASE COMPLETE FORM ON BACK

BENEFICIARY DESIGNATIONS – Continued**CONTINGENT BENEFICIARY(IES)**

Name _____ Social Security Number _____
 Address _____
 Relationship _____ % of Total Payable _____

AUTHORIZATION

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.

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

Signature _____ Date _____
 Witness (other than beneficiary) _____ Date _____

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 Participant's Spouse _____ Print Name _____

The signature above must be witnessed by your Employer:

By _____ Title _____

Date _____

OR, notarized here:

State or Commonwealth of _____

On this _____ day of _____, 20____, _____ 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 _____ Commission Expires _____

**PLEASE FAX THIS COMPLETED FORM IN ITS ENTIRETY TO 816.218.0423 OR MAIL TO: Supplemental Income 401(k) Plan
 P.O. Box 219247, Kansas City, MO
 64121-9247**