



DEFINED CONTRIBUTION PLAN
BENEFICIARY DESIGNATION OR CHANGE FORM

GENERAL INFORMATION

Participant Name: JMS Account Number:
Participant Social Security Number: Participant Birthdate:
Employer Name: Plan Type: Profit Sharing Money Purchase 401(k)

BENEFICIARY(IES) DESIGNATION

PAYMENT TO BENEFICIARIES: I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this plan and hereby revoke all prior beneficiary(ies) designations, if any, made by me.

The following individual(s) shall be my beneficiary(ies). Please check Primary or Contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary.

RESTRICTION: This Beneficiary Designation is subject to all of the terms and provisions of the above named Plan. This Beneficiary Designation shall be effective only if in a form acceptable to the Trustee or Custodian and only if received by the Trustee or Custodian prior to my death.

IMPORTANT: This Beneficiary Designation is subject to any applicable requirements of the qualified joint and survivor annuity or qualified preretirement survivor annuity provisions of ERISA. I understand that this Beneficiary Designation will not be effective if I have designated a beneficiary other than my spouse unless my spouse has consented to the designation.

RIGHT TO REVOKE: I reserve the right to change my Beneficiary(ies) by filing another Beneficiary Designation, subject to my spouse's consent, if required.

Form with four rows for beneficiary information, including checkboxes for Primary/Contingent, Name, SSN, Birthdate, Address, Relationship, and Share.

If I named a Beneficiary which is a Trust, I understand I must complete the Trust Beneficiary Certification Form.

Signature of Participant: Date:

CONSENT OF SPOUSE

I, the undersigned spouse of the above-named Participant, have read this Beneficiary Designation/Change Form and hereby consent to such Beneficiary Designation, including all Primary and Contingent Beneficiaries.

Signature of Spouse:

BEFORE ME, the undersigned Notary Public, personally appeared and executed the above Consent of Spouse.

IN WITNESS WHEREOF, I have signed my name and affixed my official seal of office on , .

Signature of Notary:
Notary Public - State of
My Commission expires: