





When more than one Beneficiary is designated and a percentage is not specified, payment will be made in equal shares to each Beneficiary. If the designated Beneficiary is the Participant's grandparent, the descendant of a grandparent, or a stepchild of the Participant, and the Beneficiary predeceases the Participant or dies before complete distribution, that Beneficiary's share shall be paid to his/her descendents, unless other arrangements are specifically designated on this form. If the designated Beneficiary is not the Participant's grandparent, the descendant of a grandparent, or a stepchild of the Participant, and the Beneficiary predeceases the Participant or dies before complete distribution, the Beneficiary's share shall be paid in equal shares to each surviving beneficiary. If no beneficiary survives the Participant, the benefit shall be payable to the Participant's spouse, or if no spouse, to the Participant's Legal Representative or if no Legal Representative, to the Participant's estate if then under active administration of a probate or similar court, or if not, to those persons who would then take the Participant's personal property under the Michigan intestate laws.

In the event of any conflict between this form as completed and the terms of the Plan(s) or if any terms are inserted above that are unacceptable to the Plans' Administrator, then the terms of the Plan(s) as summarized above and as interpreted by the Administrator shall control.

## Signature

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent beneficiaries. (NOTE: IF YOU ARE MARRIED, PLEASE SEE THE SPOUSAL CONSENT SECTION OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS UNDER THE 401(k) PLAN.)

\_\_\_\_\_  
**Participant** \_\_\_\_\_  
**Date**

## Consent of Spouse — For 401(k) Plan Only

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's account under the **401(k) Plan** if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the designation of beneficiary.

I have executed this consent this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
**Signature of Participant's Spouse**

**A CONFIRMATION STATEMENT WILL BE MAILED TO YOU ACKNOWLEDGING THIS ELECTION.**

**PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS**