BENEFICIARY DESIGNATION FORM
FOR DEATH BENEFIT PROCEEDS FROM THE
ATLANTIC INDUSTRIES PENSION PLAN

This Beneficiary Designation Form is required to establish or change your beneficiary(ies) for your plan benefits. Please complete the form in its entirety and return the ORIGINAL to your Human Resources Department and keep a copy of this form for yourself. It is the responsibility of you as the participant to make sure that your beneficiary information is always up to date. We recommend that you contact your Human Resources Department at least every 3-5 years to make sure that your beneficiary information is up to date.

PARTICIPANT AUTHORIZATION

I hereby designate the primary and contingent beneficiary(ies) as listed below to receive any death benefit proceeds in a lump sum or any other form which may be available under the terms of the above-named plan. If I am married and my spouse is not designated as the primary beneficiary for at least 50% of the survivor benefits payable under this plan, my spouse has consented to the designation by signing the consent to waiver below before a notary public.

_____ NAME OF PARTICIPANT (PRINT)

_____ MARITAL STATUS

_____ DATE

_____ SIGNATURE OF PARTICIPANT

_____ SIGNATURE OF WITNESS

PRIMARY BENEFICIARY

I hereby designate the following individual(s) to be my primary beneficiary(ies) for proceeds payable from the above-named retirement plan in the event of my death:

1._____ NAME

_____ SOCIAL SECURITY NUMBER

Amount $_____ OR _____%

_____ RELATIONSHIP

2._____ NAME

_____ SOCIAL SECURITY NUMBER

Amount $_____ OR _____%

_____ RELATIONSHIP

CONTINGENT BENEFICIARY

I hereby designate the following individual(s) to be my contingent beneficiary(ies) for proceeds payable from the above-named retirement plan in the event my primary beneficiary(ies) does not survive me:

1._____ NAME

_____ SOCIAL SECURITY NUMBER

Amount $_____ OR _____%

_____ RELATIONSHIP

2._____ NAME

_____ SOCIAL SECURITY NUMBER

Amount $_____ OR _____%

_____ RELATIONSHIP

NOTARIZED SPOUSAL CONSENT TO WAIVER

If you are single or your spouse is the primary beneficiary for at least 50% of the survivor benefits skip this section.
Under federal law, you have the right to receive at least 50% of the survivor benefits payable under the above-named plan in which your spouse is a participant. If you consent to the waiver of your rights and your spouse should die before you, you will not be entitled to survivor benefits and such benefits will be paid to the designated beneficiary as indicated above.

I hereby consent to the designation of the above beneficiary(ies) to my spouse's benefit. I understand that I am entitled to receive a benefit under the plan unless I consent to the beneficiary designated above. I also understand that my spouse may not change the primary beneficiary designation without first obtaining my written consent.

_____ NAME OF SPOUSE (PRINT)

_____ SIGNATURE OF SPOUSE

_____ DATE

The signature of the spouse must be witnessed by a notary public.

Subscribed and sworn to before me on this _____ day of _____, 20____

NOTARY'S SIGNATURE _____