

SPOUSAL CONSENT

I consent to my spouse's designation of the beneficiary or beneficiaries named above. I understand and agree that, unless I am named as my spouse's primary beneficiary above, I am hereby waiving and relinquishing important survivor benefits under the Plan.

Date

Signature of Spouse

SUBSCRIBED AND SWORN to before me this _____ day of _____, in the year _____.

NOTARY PUBLIC/PLAN REPRESENTATIVE in and for the

State of _____

My Commission Expires: _____