

CNOSave Plus Plan Beneficiary Designation Form

RETURN FORM TO:
PRUDENTIAL RETIREMENT SERVICES
30 Scranton Office Park
Scranton, Pennsylvania 18507-1789
Phone No.: 1.877.778.2100

EMPLOYEE INFORMATION

Name:		Soc. Sec. No:
Address:		City:
State:	Zip:	Company:
Dept:	Phone No: ()	Marital Status: <input type="checkbox"/> Single : <input type="checkbox"/> Married

As a Participant in the above Plan, I hereby designate the following person(s) as my Primary and Secondary Beneficiary(ies) in the event of my death prior to the complete distribution of my benefits under the Plan.

If you are married and your spouse is **not** your sole primary beneficiary, your spouse must also sign under "Spouse's Consent," and your spouse's signature **must** be notarized. If your spouse is your sole Primary Beneficiary, his or her signature is not necessary.

Unless you indicate otherwise, all benefits will be payable in equal shares if more than one primary or secondary beneficiary is listed and will be payable in the manner selected by the beneficiary(ies).

PRIMARY BENEFICIARIES

Full Name and Address	Soc. Sec. No.	Birth Date	Relationship	Percentage of Distribution

I understand that if at the time of my death the sum of the percentages payable as indicated above does not equal 100%, the percentage share of each designated person who survives me will be proportionately adjusted so that the sum of their percentages will equal 100%.

SECONDARY BENEFICIARIES

If my Primary Beneficiary(ies) is (are) deceased at my death, or, if not a natural person, no longer legally exists at my death, I designate the following as my Secondary Beneficiary(ies) under the terms of the above Plan.

Full Name and Address	Soc. Sec. No.	Birth Date	Relationship	Percentage of Distribution

I understand that if at the time of my death the sum of the percentages payable as indicated above does not equal 100%, the percentage share of each designated person who survives me will be proportionately adjusted so that the sum of their percentages will equal 100%.

I understand that this designation is valid only if it is filed with Prudential before my death and that, if this designation is valid under the Plan, all designations that I filed before this one will be CANCELLED. This designation will remain in full force and effect unless and until either a revocation of this designation or a new Beneficiary Designation Form is filed with Prudential in writing and duly dated and signed.

In acting hereunder, the trustees, the Plan Administrator and Prudential may rely, and shall be protected in such reliance, upon any certificate, affidavit or other document or evidence deemed by them to be genuine and sufficient. I understand that, in the event of my death, my benefit may be subject to certain rights of my surviving spouse unless I waive those rights with the written consent of my spouse. If this Beneficiary Designation conflicts with those rights, the Plan Administrator must adjust, in its sole discretion and in a uniform and nondiscriminatory manner, the amounts the people I name in this designation receive so that full payment by law can be made to my spouse.



Further, I understand and agree that, if the normal form of the Plan benefit is a joint and survivor annuity, and I have not designated my spouse as my sole Primary Beneficiary on this Form, I have voluntarily elected to waive my spouse's right to a Qualified Pre-Retirement Survivor Annuity* and that my spouse's written consent is necessary to waive that right.

X

Employee Signature Date of Signature

**Please return original to Prudential Retirement Services.
Retain a copy for your records.**

SPOUSE'S CONSENT - *Must be notarized*

(To be signed by your spouse if he or she is not named as your sole Primary Beneficiary.)

I understand that my spouse may not name a beneficiary without my written consent and may not change the Primary Beneficiary designated above without first obtaining my written consent. I hereby approve of, and consent to, the beneficiary designation as provided above. I understand that upon my spouse's death, I am entitled to receive a benefit under the Plan unless I consent to a different beneficiary designation. I also understand that, as a result of my consent to the above designation, (i) benefits payable under the Plan will be paid to another beneficiary, (ii) I waive my right to a Qualified Pre-Retirement Survivor Annuity* (if applicable under the terms of the Plan), and (iii) I may receive nothing from the Plan after my spouse dies. I understand and realize that I do not have to sign this Consent and that I am signing this Consent voluntarily. I agree to release and discharge the trustee, Plan Administrator, Prudential and the Company from liability for acting pursuant to this Consent. I waive any rights I now have, or may later be held to have, in such Plan benefit. I understand that my decision hereunder is final.

X

Spouse's Signature Date of Signature

Printed Name of Spouse Date

WITNESS

On this _____ day of _____, the year _____, before me, the undersigned Notary Public, _____ personally appeared, and acknowledged that he or she is the spouse of _____, and that he or she freely and voluntarily signed the foregoing consent for the use and purposes set forth herein.

Notary Public

My Commission Expires:

* Notice of Qualified Pre-Retirement Survivor Annuity: If you are a married Participant, and a former Participant in the Markman International Employee Profit Sharing Plan, the Providential Life Insurance 401(k) Retirement Plan, the Washington National Employee Savings Plan, the Washington National Pension Plan Plus, or the Washington National Profit Sharing Plan, the Plan benefit will be used to buy an annuity for your spouse if you die before retirement (unless your Plan benefit is \$5,000 or less). This is called a Qualified Pre-Retirement Survivor Annuity (QPSA).

The QPSA form of payment provides a monthly payment to the surviving spouse over his or her life. The QPSA form of payment can be waived, as provided on this Form, and the Plan Administrator will follow your beneficiary designation on the Form (if you designate a non-spouse as sole primary beneficiary) only if the waiver and spousal consent are properly completed. You may revoke the waiver and execute a subsequent waiver at any time before your death. Any subsequent waiver would require spousal consent. Since a waiver is valid only for the spouse consenting to the waiver, if you remarry, a new beneficiary designation form and spousal consent is required. If you are under 35 for the entire Plan Year in which your right to the spousal death benefit is waived, the waiver will be automatically revoked on the first day of the Plan Year in which you reach 35. On or after that day, you must obtain a new beneficiary designation to re-execute the waiver of the spousal death benefit and obtain the spousal consent. Please direct any questions to Prudential. If your marital status changes, immediately inform Prudential.