

INDIANA TEAMSTERS DEFINED CONTRIBUTION PLAN

Qualified Alternate Designation

My name is _____ . I am the spouse of _____ , a participant in the Indiana Teamsters Defined Contribution Plan. I understand that my spouse has designated part or all of his/her balance in the Defined Contribution Plan to a beneficiary other than myself.

Primary Beneficiary: _____ Percentage: _____

Primary Beneficiary: _____ Percentage: _____

(Must total 100%)

I hereby voluntarily and without duress consent to the beneficiary assignment which my spouse made under the Indiana Teamsters Defined Contribution Plan. Further, I hereby acknowledge that I understand that I will forfeit part or all of the balance upon my spouse's death. My consent is irrevocable unless a new Qualified Alternate Designation form is completed.

EXECUTED this _____ day of _____, 20_____.

Participants Spouse Signature

Participants Spouse Social Security Number

STATE OF INDIANA
COUNTY OF _____)

Before me, a Notary Public, on this _____ day of _____, 20_____, personally appeared _____ (name of spouse) who acknowledged execution of the foregoing consent.

Notary Public

Printed Name

My Commission Expires:

_____ Resident of _____, County, Indiana