



Beneficiary Designation for Death Benefits Form

The Standard®

St. Claire HealthCare 401(k) Plan
#069558

See reverse for instructions and explanation.

PARTICIPANT Complete this section (and Spouse section, if necessary), and submit to your employer

Name of Participant

Social Security Number

Date of Birth

I have read the explanation on the back of this form. I understand that if I am married, (1) and if I die before I retire, my Plan Benefits will be paid to my spouse in the form of a Qualified Preretirement Survivor Annuity (QPSA, a life annuity), (2) I have the right to waive the form of payment, provided my spouse consents to the waiver, (3) I have the right to waive payment to my spouse as sole beneficiary, provided my spouse consents to the waiver, and (4) I can revoke these waivers at any time. If I am under age 35, I understand that this election will become invalid when I reach 35; I may then make a new election. This designation supersedes any previous designation.

100% of the benefits will be paid to the Primary Beneficiari(ies). Contingent beneficiaries receive benefits only if all PrimaryBeneficiaries predecease you.

I designate as my beneficiar(ies) for benefits from this plan:

% of proceeds for Primary Beneficiaries must total 100%

% of proceeds for Contingent Beneficiaries must total 100%

Name of Primary Beneficiary (please print)	Social Security Number
Relationship	Date of Birth
Current Address	% of Proceeds
Name of Primary Beneficiary (please print)	Social Security Number
Relationship	Date of Birth
Current Address	% of Proceeds
Name of Primary Beneficiary (please print)	Social Security Number
Relationship	Date of Birth
Current Address	% of Proceeds

Name of Contingent Beneficiary (please print)	Social Security Number
Relationship	Date of Birth
Current Address	% of Proceeds
Name of Contingent Beneficiary (please print)	Social Security Number
Relationship	Date of Birth
Current Address	% of Proceeds
Name of Contingent Beneficiary (please print)	Social Security Number
Relationship	Date of Birth
Current Address	% of Proceeds

I am married unmarried

If I am married and have designated someone other than my spouse as my beneficiary, this designation will be effective only if my spouse consents to it by signing in the spouse section below.

I choose to waive payment of death benefits in the form of a QPSA and instead choose payment in the form of

_____. (Consult the Plan Administrator for alternate forms.) I acknowledge that this choice will be effective only if my spouse consents to it by signing below. (The beneficiary may elect another form at the time a death benefit is payable.)

X
Participant Signature

Date

Please complete additional information on the other side

SPOUSE

SPOUSE Complete this section if the participant designated a non-spouse beneficiary or waived the QPSA. Your consent must be witnessed by a Plan Representative or Notary Public.

I have read the explanation below. I understand the terms of the QPSA and I understand that my consent is irrevocable unless the participant revokes that election.

- I consent to the beneficiary designation made by the participant. I understand that if the participant dies prior to retirement, any benefits under the Plan will be paid to the designated beneficiary.
- I consent to the election by the participant to waive payment in the form of a QPSA. I understand that if the participant dies prior to retirement, any benefits under the Plan will be paid in the form the participant has elected above, or in another form elected by the participant or by the beneficiary.

Name of Spouse (*please print*)

X _____
Signature of Plan Administrator or Notary Public

Date

X _____
Spouse Signature

Date

Title

PLAN REPRESENTATIVE Complete this section if there is no Spouse signature

I, _____, state that it has been established to my satisfaction that spousal consent to this election cannot be obtained because there is no spouse, the spouse cannot be located, or other circumstances make obtaining such spousal consent impossible.

X _____
Plan Representative Signature

Title

Date

INSTRUCTIONS

- Participant must complete the "Participant" Section, and if necessary, have his or her spouse complete the "Spouse" Section.
- The participant should then return the form to the employer who will complete the "Plan Representative" Section, if applicable, and keep the completed form on file for future reference.

EXPLANATION OF DEATH BENEFIT

MARRIED PARTICIPANTS

If you die before you retire, your retirement plan provides that any plan benefits to which you are entitled will be paid to your surviving spouse in the form of a Qualified Pre-retirement Survivor Annuity (QPSA). A QPSA provides for monthly income for the life of your spouse. Your surviving spouse is the spouse to whom you are married throughout the one-year period ending on your date of death.

However, if your spouse consents in writing, you may elect to waive payment in the form of an annuity for the life of your spouse, or you may designate a beneficiary other than your spouse to receive the benefit, or both. Your spouse's consent must be witnessed by the Plan Administrator or the Plan Administrator's representative or by a Notary Public.

When your spouse has consented in writing to your election to waive the life annuity, you may choose to receive payment in any form allowed by the plan. After your death, your beneficiary may also elect any form of payment allowed by the plan.

You may not change your beneficiary designation without your spouse's written consent.

You may revoke your election at any time. To make a new election, you must again obtain your spouse's written consent.

If you are not yet age 35 when you make such an election, your election will become invalid on the first day of the plan year in which you reach age 35. At that time, you may make a new election.

UNMARRIED PARTICIPANTS

You may designate a beneficiary to receive any benefits to which you are entitled if you die before you retire.

The plan provides that your benefits will be paid to your beneficiary in a lump sum. However, your beneficiary may elect another form of payment allowed by the plan after your death.

If you marry after completing this form, your beneficiary designation may no longer be valid and your spouse may be entitled to the benefits described above for married participants.

IF YOUR MARITAL STATUS CHANGES OR IF YOU HAVE ANY QUESTIONS ABOUT THIS EXPLANATION, PLEASE CONTACT THE PLAN ADMINISTRATOR.

Please keep a copy of this form for your records