

**MBA Retirement Savings Plan (226)
BENEFICIARY DESIGNATION FORM**

Participant Name: _____

SSN: _____

I hereby designate the following individual(s) as my primary and alternate Beneficiaries in the event of my death prior to the date on which my benefits commence to be paid under the Plan. I understand that, by law, if I am married I must name my spouse as my sole primary beneficiary unless I obtain notarized spousal consent.

Primary Beneficiary:

Name: _____

Date of Birth: ____/____/____ SSN: _____

Address: _____

Relationship: _____ Percentage of Benefit: ____%

Name: _____

Date of Birth: ____/____/____ SSN: _____

Address: _____

Relationship: _____ Percentage of Benefit: ____%

If all Primary Beneficiaries die before me, all money shall be paid to the following Alternate Beneficiary (ies) living at the time of my death:

Name: _____

Date of Birth: ____/____/____ SSN: _____

Address: _____

Relationship: _____ Percentage of Benefit: ____%

Name: _____

Date of Birth: ____/____/____ SSN: _____

Address: _____

Relationship: _____ Percentage of Benefit: ____%

- Check here if you would like to designate any additional beneficiaries that do not fit within the spaces provided above. Please write the information on a separate sheet of paper. Sign and date the page, and staple it to this form.

PARTICIPANT CERTIFICATION:

- I AM NOT MARRIED. I understand that if I become married in the future, this form automatically ceases to apply and I should file a new beneficiary designation.

Participant Signature

Date

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the Employer, and that by doing so, I revoke all prior designations.

SPOUSAL CONSENT: (complete only if married and primary beneficiary is not spouse)

I hereby approve of, and consent to, the designation by my spouse of the primary beneficiary(ies) set forth above who shall receive benefits from the Plan upon my spouse's death. I understand that, as a result of such designation, I am not entitled to any benefits from the Plan upon my spouse's death. I further understand that my Spouse may not change the Primary Beneficiary designation without first obtaining my written consent. My consent is irrevocable unless my spouse revokes the beneficiary designation. I acknowledge that I had the opportunity to consult my attorney or other professional concerning this waiver, if I had so desired.

Spouse Name (Print Name)

Spouse Signature

Date

The Foregoing "Spousal Consent" was acknowledged before me:

Notary Name (Print Name)

Notary Signature

Date



**MBA Retirement Savings Plan (226)
ENROLLMENT FORM**

I. Participant Information

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Date of Hire: ____/____/____

I understand that I must return a Beneficiary Designation Form and complete the investment direction section below, whether I elect to make salary deferrals or not.

II. Salary Deferral Contribution Election

- I do **NOT** elect to have Salary Deferral Contributions made on my behalf to the Plan. This election will not prohibit any future election on my part to have Salary Deferral Contributions made to the Plan.
- I elect to contribute _____% of my pay or \$_____ before taxes as a Salary Deferral Contribution (pre-tax) each pay period. I have received the Summary Plan Description and I understand the general requirements of the Plan. I further understand that this election will automatically apply to all future salary adjustments unless I change the election. I understand that the Employer retains the right to amend or revoke my election to limit or reduce any contributions where necessary to comply with applicable law. I have made my investment selection as shown below in Part IV.

III. Beneficiary Designation

- I have completed a Designation of Beneficiary Form and returned it to Human Resources.

IV. Investment Direction

I understand that this investment direction shall remain in force until changed and that I have the right to change the percentages indicated at my discretion.

Invest all future contributions as shown below: (must total 100%, whole % s only)

AMERICAN FUNDS CSH MGT TR R2	_____ %	PIMCO TOTAL RETURN	_____ %
AMERICAN FUNDS GROWTH FND R2	_____ %	DAVIS NEW YORK VENTURE	_____ %
COLUMBIA ACORN	_____ %	VAN KAMPEN REAL ESTATE	_____ %
ALLIANCE TECHNOLOGY FUND A	_____ %	VICTORY SPECIAL VALUE FUND A	_____ %
LORD ABBETT SMALL CAP BLEND A	_____ %	EATON VANCE LARGE CAP VAL A	_____ %
ALLIANCE/BERNSTEIN INTERNAT	_____ %	AMERICAN FUNDS TARGET 2015 R2	_____ %
AMERICAN FUNDS TARGET 2025 R2	_____ %	AMERICAN FUNDS TARGET 2035 R2	_____ %
AMERICAN FUNDS TARGET 2045 R2	_____ %	AMERICAN FUNDS CAP INC BLD R2	_____ %
AMERICAN FUNDS CAPWLD G&I R2	_____ %	VAN KAMPEN SMALL CAP GROWTH	_____ %
FRANKLIN SMALL CAP VALUE	_____ %	GOLDMAN SACHS MID CAP VAL A	_____ %
THORNBURG CORE GROWTH R3	_____ %		

By signing below you certify that you have received a copy of the Summary Plan Description and that the information contained on this form is complete and accurate.

Participant Signature

Date

Received by Company Representative

Date

