

Designation of Beneficiary Form
 STEL, Inc. Employer Contribution Plan
 (Please complete and return to your employer)

Employee Name (please print): _____

I hereby acknowledge receipt of the Summary Plan Description and agree to abide by all of the rules and regulations set forth in the Plan. The following applies to me (select):

- () I have recently become a Participant in the Plan and I hereby make an election of beneficiary(ies)
- () I am already a Participant in the Plan and I hereby update my Designation of Beneficiary form for death benefits to be paid under the Plan.

CURRENT MARITAL STATUS: (select one):

MARRIED Option # 1- Automatic Beneficiary Designation: By selecting this option, you understand that your spouse will be your Primary Beneficiary. In the event that you have no spouse, your beneficiary(ies) will be your children, equally. If any child does not survive you, the deceased child's share will go to his or her children equally. If no children or grandchildren survive you, your beneficiary will be your estate.

_____ Spouse Name _____ Spouse Date of Birth _____ Spouse SS # (if available)

MARRIED Option # 2- Alternate Beneficiary Designation: Select a primary beneficiary (below) other than your spouse but *only if your spouse consents (reverse side of this form) to waive his/ her rights to your account.* If any primary beneficiary(ies) dies before you do, that beneficiary's share will be divided proportionately among the surviving primary beneficiaries.

SINGLE- Provide your beneficiary information below. If any primary beneficiary(ies) dies before you do, that beneficiary's share will be divided proportionately among the surviving primary beneficiaries.

BENEFICIARY DESIGNATION (complete only if you selected the "Married Option # 2" or the "Single" option above):

Primary Beneficiary(ies):

Name:	Relationship:	Social Security #:	% Share:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contingent Beneficiary(ies) Complete only if naming a Primary Beneficiary above:

Name:	Relationship:	Social Security #:	% Share:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXECUTED this _____ day of _____, 20_____.

_____ Witness _____ Signature of Participant

_____ Date of Birth _____ Social Security #

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COMPLETE ONLY IF YOUR SPOUSE IS NOT YOUR SOLE PRIMARY BENEFICIARY

Spouses Consent:

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided on the Designation of Beneficiary form on the reverse side. I understand that I am entitled to receive a spouse's benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the designation on the reverse side has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation on the reverse side hereof without first obtaining my written consent.

Name of Spouse

Spouses Signature

Date

Sworn to, and witnessed by me, this _____ day of _____ (month), _____ (yr)

Name of Notary Public: _____

Notary Public's Signature: _____