

**2017 VOLUNTARY EARLY SEVERANCE INCENTIVE PROGRAM
("VESIP")
BENEFICIARY DESIGNATION**

Name of Employee: _____
(Please Print or Type)

Social Security Number: _____

Designation of Primary and Contingent Beneficiaries:

In the event that I die before all VESIP Severance Allowance payments have been made to me, any remaining payments shall be made to my Primary Beneficiary until the earlier of the Primary Beneficiary's death or the ending date for Severance Allowance payments under the VESIP. In the event that the Primary Beneficiary does not survive me, then any such payments shall be made to my Contingent Beneficiary until the earlier of the Contingent Beneficiary's death or the ending date for Severance Allowance payments under the VESIP. By executing this form, I do not change any beneficiary designations made for any purpose outside of the VESIP.

Primary Beneficiary:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Social Security Number _____

Contingent Beneficiary:

Name _____ Relationship _____

Address _____

City, State, Zip _____

Social Security Number _____

Signature of Employee: _____ Date: _____

Signature of Witness: _____ Date: _____