



Addendum to Life Insurance Beneficiary Designation Form

Name of Plan Participant _____ ss# _____

Please indicate your current marital status: I am married I am not married

If you are married, your spouse must consent to the naming of any other beneficiary by signing the following statement:

I am the spouse of the participant and consent to the beneficiary designation attached hereto.

Spouse's Name (please print) _____

Signature of Spouse _____ Date _____

This change of beneficiary shall take effect as provided for in the policy, and when received as so provided, the change shall be operative as of the date of this instrument whether or not I am alive at the time of such receipt, but without prejudice to the Reform Pension Board on account of any payment made by it before such receipt. The Reform Pension Board shall not be bound by any trust deed, and shall not be liable for the applications of monies by a trustee beneficiary. If I remarry, this designation will be ineffective unless consented by my new spouse.

I hereby authorize the information provided above:

Signature of Insured Person _____ Date _____

-----For RPB Use Only-----

The authorized change(s) set forth in the foregoing instrument are hereby acknowledged:

RPB Plan Administrator _____ Date _____