
PROFIT SHARING PLAN AND TRUST

WAIVER OF PRE-RETIREMENT SURVIVOR ANNUITY

As a Participant in the above named Plan, I hereby acknowledge that I have been informed by the Administrator that if I should die prior to the annuity starting date under the Plan, the death benefit under the Plan will be paid to my spouse in the form of an annuity over the life of my spouse; that I have the right to waive the designation of my spouse as the sole direct beneficiary of my death benefit payable in the form of an annuity only if my spouse consents in writing to such waiver; and that I have the right to revoke such waiver which may be made by me at any time without my spouse's consent. If I am making this election during a Plan Year in which I have not attained or will not attain age 35, I understand that this election will become invalid as of the first day of the Plan Year in which I will reach age 35. I will have to make a new election at that time, if I desire, and again obtain my spouse's consent.

_____ I hereby elect not to have my death benefit under the Plan paid in the form of an annuity. However, my spouse shall remain as my beneficiary.

My death benefit will be distributed in the following manner:

_____ Single Lump Sum

_____ Installments to be paid over _____ years (may not exceed life expectancy).
Payments shall be made in _____ (monthly, quarterly, or annual) intervals.

Date

Employee's Signature

SPOUSAL CONSENT:

I hereby consent to the foregoing election by my spouse, to waive the annuity form of death benefit that is payable under the above named Plan and receive the benefit in the form elected. I understand I will remain the beneficiary of death benefits provided under the Plan, unless I have consented to a different beneficiary in a separate Designation of Beneficiary form.

Date

Spouse's Signature

Witness: Plan Representative or Notary Public