

{form2}

DESIGNATION OF BENEFICIARY FORM

Social Security Number

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Plan Number: 27053

Plan Name: Sun Health Senior Living 401(k) Plan

Participant Information

Note: The accompanying instructions are an integral part of this form and you should use them to assist you.

Name: _____
Last First Middle Initial

Address: _____
Street

_____ City State Zip

Marital Status: Single Married

Primary Beneficiary(ies)

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election on this form. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: _____	Name: _____
Social Security Number: _____	Social Security Number: _____
Address: _____	Address: _____
_____	_____
Date of Birth: _____	Date of Birth: _____
Relationship to Participant: _____	Relationship to Participant: _____
Percentage: _____	Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Contingent Beneficiary(ies)

In the event that there are no living primary Beneficiaries at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: _____	Name: _____
Social Security Number: _____	Social Security Number: _____
Address: _____	Address: _____
_____	_____
Date of Birth: _____	Date of Birth: _____
Relationship to Participant: _____	Relationship to Participant: _____
Percentage: _____	Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Signatures

I understand that if there is no designated Beneficiary upon my death, payment of my Account shall be made to my surviving spouse, or, if none, my estate. I reserve the right to revoke or change any Beneficiary designation. By designating the Beneficiary(ies) above, I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

(Note: If you are married, see the second page of this form for applicable spousal consent requirements.)

Please return this form to the Plan Administrator after you have completed it.

PARTICIPANT _____

DATE _____

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR (Authorized signer) _____ **DATE** _____

PLAN ADMINISTRATOR (print name): _____

Note: *The Plan Administrator will maintain possession of this form.*

If your spouse is not your Designated Primary Beneficiary, then this Designation of Beneficiary is invalid without the consent of your spouse unless your spouse waived the right to consent to any change in the beneficiary designation under a prior beneficiary designation.

Consent of Spouse

I acknowledge that I am the spouse of the Participant named on this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation, {Choose (a) or (b)}:

- (a) I understand I must sign a new consent to the new designation for it to be effective.
- (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of _____, _____.

Signature of Participant's Spouse
(Must be witnessed by a Plan Representative or a Notary Public)

Plan Representation

Signature of spouse witnessed this _____ day of _____, _____, in the presence of:

Plan Representative

(Print Name)

OR

Notary Public

STATE OF _____ (ss.)
COUNTY OF _____

On this _____ day of _____, _____, before me appeared _____

who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public

My Commission Expires:_____

