

Special Pay Plan Beneficiary Designation Form

Section A: General Information:		
Employer (District) Name:		
Employee Name (Last, First, M.I.):		Social Security #:
Address:		
City:		State: Zip:
Home Telephone:	Work Telephone:	E-Mail Address:
Date of Birth:	Date of Hire:	

Section B: Beneficiary Designation (you must check either married or unmarried)
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Married Participant

I understand that I must elect my spouse as **sole** Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. **(Please complete Section C if naming a Primary Beneficiary other than your spouse.)**

Unmarried Participant

I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform MidAmerica Administrative & Retirement Solutions, Inc. of any change in my marital status.

Primary Beneficiary	<i>(If additional space is required, please attach a separate page.)</i>			
Name (Last Name, First Name, M.I.)	Social Security Number	Date of Birth (Mo/Day/Yr)	Relationship to Participant	% Share
Address		City	State	Zip Code

Contingent Beneficiary				
Name (Last Name, First Name, M.I.)	Social Security Number	Date of Birth (Mo/Day/Yr)	Relationship to Participant	% Share
Address		City	State	Zip Code

Name (Last Name, First Name, M.I.)	Social Security Number	Date of Birth (Mo/Day/Yr)	Relationship to Participant	% Share
Address		City	State	Zip Code

Section C: Spousal Consent

For the spouse's consent to be effective, the spouse must sign below in the presence of a notary public.

I consent to my spouse's election to designate me as the beneficiary of less than 50% of my spouse's account balance in the Plan in the event of my spouse's death while participating in the Plan. I understand that the effect of my consent is to waive the requirement that 50% of my spouse's account balance in the Plan be paid to me in the event of my spouse's death while my spouse is a participant in the Plan. I further understand that my spouse's election is not effective unless I consent to it and that this consent given by me is irrevocable unless the election made by my spouse is changed.

Participant's Spouse's Signature _____ Date _____
 NOTARY PUBLIC - STATE OF _____ COUNTY OF _____
 I, _____, a Notary Public for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.
 _____ (Official Seal)
 NOTARY PUBLIC My commission expires: _____

Section D: Internet Access for Plan Participants
MidAmerica Administrative & Retirement Solutions, Inc. provides Internet access for employee inquiries and questions regarding company retirement plan accounts. Our website address is www.midamerica.biz . Live operator assistance is available Monday through Thursday from 8:30 AM to 8:00 PM and Friday 8:30 AM to 6:00 PM Eastern Time at our toll-free number (800) 430-7999.

Section E: Participant Certification and Signature

By signing below, I agree that the funds involved and associated financial risks have been described to me such that the allocation selection is based on my best prudent understanding in the interest of my retirement funding goals. I also understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies).

Employee Signature _____ **Date**

Please return this completed form to:

MidAmerica Administrative & Retirement Solutions, Inc.
 Attn: DEPT SPADMIN
 211 East Main Street, Suite 100, Lakeland, FL 33801
 Fax: (863) 686-9727