

BENEFICIARY DESIGNATION

To the Custodian of the Lincoln Public Schools Elective 403(b) Retirement Plan ("Plan")

Re: _____, Participant
 (Please Print Name)

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Accrued Benefit under the Plan payable by reason of my death:

Primary	Contingent	Name	SSN	Relationship	Percentage
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____%
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____%
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____%
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____%
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____%
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____%

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of primary beneficiaries and contingent beneficiaries.

The Custodian will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Custodian will pay all amounts in accordance to the Plan.

 Date of this Designation

 Signature of Participant

 Social Security Number

NOTE: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

Note: The Designation of Beneficiary is invalid without the consent of your spouse unless your spouse is the sole beneficiary or, under a prior beneficiary designation, your spouse waived the right to consent to any changes in the beneficiary designation.

(See Other Side)

CONSENT OF SPOUSE

I, the undersigned spouse of the Participant named in the foregoing "Designation of Beneficiary," hereby certify I have read the Designation of Beneficiary and fully understand the property subject to the designation is my spouse's accrued benefit under the plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation [Choose (a) or (b)]:

- (a) I understand I must file a similar consent to the new designation, or my consent is no longer effective.
(b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of _____, 20_____.

Signature of Spouse of Participant

Signature of spouse witnessed this _____ day of _____, 20_____, in the presence of:

Plan Representative

or

STATE OF _____)
) ss.
COUNTY OF _____)

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20_____.

(SEAL) Notary Public: _____
My commission expires: _____

Mail the completed form to: Union Bank & Trust Company • Retirement Plan Services • 6811 S. 27th Street • Lincoln, NE 68512
For questions contact: Kellee Krick (402) 323-1467 or kellee.krick@ubt.com