

1

PARTICIPANT INFORMATION

Full Legal Name

Date of Birth

Social Security Number

2

DESIGNATIONS

According to the Plan, if married, your spouse must be listed below as your sole primary beneficiary unless spousal consent is provided for alternate beneficiaries. If you list a trust as your beneficiary, you or your representative agree to timely provide a copy of the trust document and all amendments or furnish required certifications. Consult appropriate tax and/or legal counsel regarding your individual circumstances.

The following individuals or entities shall be my primary and/or contingent beneficiaries. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. By default, if any beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage of any remaining beneficiaries shall be increased on a pro rata basis. If the preference is to have that beneficiary's share to go to his or her descendants, check Per Stirpes. If no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages of the investment. If needed, attach, sign, and date a separate sheet and provide the required information as indicated below.

BENEFICIARY 1

	<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes		Social Security Number/TIN	Distribution
				<input type="checkbox"/>
Relationship	Phone	Date of Birth	Primary	Contingent
Address		City	State	Zip

BENEFICIARY 2

	<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes		Social Security Number/TIN	Distribution
				<input type="checkbox"/>
Relationship	Phone	Date of Birth	Primary	Contingent
Address		City	State	Zip

BENEFICIARY 3

	<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes		Social Security Number/TIN	Distribution
				<input type="checkbox"/>
Relationship	Phone	Date of Birth	Primary	Contingent
Address		City	State	Zip

BENEFICIARY 4

	<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes		Social Security Number/TIN	Distribution
				<input type="checkbox"/>
Relationship	Phone	Date of Birth	Primary	Contingent
Address		City	State	Zip

403(b) DESIGNATION OF BENEFICIARY

(continued from previous page)

BENEFICIARY 5

	<input type="checkbox"/>			%
Name of Individual or Institution	Per Stirpes	Social Security Number/TIN	<input type="checkbox"/>	Distribution
Relationship	Phone	Date of Birth	<input type="checkbox"/>	Contingent
Address		City	State	Zip

3

SIGNATURES

By signing below, I consent to the designation of beneficiaries on this form and hereby revoke all prior beneficiary designations, if any, made for the named accounts. If there are no beneficiaries named or no beneficiary survives me, or, if my beneficiaries cannot be identified or located after due diligence, I understand my account(s) will be distributed in accordance with the AGFinancial 403(b) Retirement Plan document.

Participant Signature	Printed Name	Date
-----------------------	--------------	------

SPOUSAL CONSENT IF APPLICABLE

If you are married and have not designated your spouse as your sole primary beneficiary, your spouse must sign below stating you may name someone other than your spouse as beneficiary. If Spousal Consent is signed, then either notarization or witness by an AGFinancial representative is required.

I am the spouse of the above-named participant. I acknowledge that I have received a fair and reasonable disclosure of my spouse's assets in the Plan. Because of the important tax consequences of giving up my interest in this retirement account, I have been advised to see a tax professional. I hereby give the participant my interest in the assets in the Plan and consent to the beneficiary designation indicated above. I understand that in approving the designation of a beneficiary other than myself I am waiving my right to any benefit under the Plan. I further understand that this designation will remain in effect until a subsequent beneficiary designation with my written consent is filed. I assume full responsibility for any adverse consequences that may result.

Spouse Signature	Printed Name	Date
------------------	--------------	------

State of)
) SS
County of)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said state, personally appeared, known to me to be the person(s) who executed the within instrument and acknowledged to me that he/she executed the same for the purposes therein stated.

(SEAL)

OR

Notary Public

My Commission Expires:

AGFinancial Witness/Title