

SAVINGS AND INVESTMENT PLAN BENEFICIARY DESIGNATION

WSRC/BSRI

Information About You (Please print clearly)

Name (Last, First, Middle)	Social Security No.	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
<input type="checkbox"/> Westinghouse <input type="checkbox"/> Bechtel <input type="checkbox"/> Limited Service (LSE) <input type="checkbox"/> Transferee		<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly
Site Address	Site Phone	Home Phone

Beneficiary Designation **New Enrollment** **Other Change**

- Unless otherwise specifically indicated below, benefits will be paid in equal shares to any primary beneficiaries living at the time of your death. If none are living, benefits will be paid in equal shares to your surviving contingent beneficiaries.
- You must have primary beneficiary(ies) social security number(s).
- Please supply all beneficiary information requested below.

Beneficiary Class (check one)

Primary	Contingent	Last Name, First, Middle*	% of Benefit	Date of Birth	Relationship	Social Security Number

*Use full name. Using maiden name as middle name helps facilitate identification. The name of a female spouse should be written "Jones, Mary Smith" not "Jones, Mary Helen, "Jones, Mrs. Henry A.", or "Jones, Mrs. H.A.". If you need additional space, include a separate sheet with appropriate information.

Signature: If you are married and have designated someone other than your spouse as a primary beneficiary, you must complete the Spousal Consent Waiver below.

I have read and understand the terms and conditions described above. The execution and delivery of this Beneficiary Designation revokes all prior beneficiary designations I have made. I also reserve the right to revoke or modify this designation at any time by filing another Beneficiary Designation form.

Employee's Signature _____ Date _____

Spousal Consent Waiver: I hereby consent to the beneficiary designations recorded above, and waive any legal rights I may have as the participant's spouse to plan benefits for which I am not designated as beneficiary.

State of _____ County of _____ Signature of Spouse _____

Signed and attested before me on _____

By _____

Notary (Seal, if any)

Signature of Notary Public

My Commission Expires _____
Mo/Da/Yr

For Company Use Only

Authorized Signer	Date
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