

Title of Regulation: 11 VAC 5-41-10 et seq. Lottery Game Regulations.

The forms used in administering 11 VAC 5-41-10 et seq., Lottery Game Regulations, are listed below. The forms are available for public inspection at the State Lottery Department, 900 East Main Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 910 Capitol Square, 2nd Floor, Richmond, Virginia.

Pick 3 Playslip (3/01).

Pick 4 Playslip (3/01).

Cash 5 Playslip (2/99).

Lotto South Playslip (7/01).

Mega Millions Playslip (2/02).

Winner Claim Form, SLD-0007 (rev. 7/97).

Agreement to Share Ownership and Proceeds of Lottery Ticket.

Lotto South and Mega Millions Payout Election Form (5/02).

Prizewinner Designation of Beneficiary(ies).



See instructions on back

Mark boxes in blue or black pen or pencil as shown. Mark VOID box in case of misreading play.

OPTIONAL PLAYS: Mark box for MULTIDRAW ANY DATE. Mark box for SPLIT PAIR.

PLAY A EASY PICK

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID

PLAY B EASY PICK

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID

PLAY C EASY PICK

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID

PLAY D EASY PICK

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID

PLAY E EASY PICK

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID	VOID

Mark all selections in blue or black pen. If you make a mistake, mark the VOID box. DO NOT ERASE.

- HOW TO PLAY PICK 3**
1. Mark DAY, NIGHT or BOTH. If you do not mark one, the terminal will select the next drawing. Choose DAY to play day draws only. Choose NIGHT to play night draws only. Choose BOTH to play both DAY and NIGHT draws.
 2. Mark the box for the amount of your play (\$0.50 or \$1.00). If you do not choose an option, that play will be \$1.00.
 3. Mark the box for your play type (EXACT ORDER, ANY ORDER, 50/50, COMBO, FRONT PAIR, BACK PAIR or SPLIT PAIR). If you do not choose an option, that play will be EXACT ORDER.
 4. Mark 1 digit from each of the three columns in a play area. OR choose EASY PICK for all or part of your numbers. Mark any numbers you want, then mark the EASY PICK box. The computer will randomly select all or part of your numbers for a total of 3 digits per play. FOR PAIRS: To play FRONT PAIR, mark one digit from columns one and two only; to play BACK PAIR, mark one digit from columns two and three only; and to play SPLIT PAIR, mark one digit from columns one and three only.
 5. You may play up to 5 plays (A-E) on this playslip.
 6. OPTIONAL PLAYS: Mark the OPTIONAL PLAYS box for any, or all, of the following. Playing more than one drawing increases the ticket price by the number of drawings you choose.
 - MULTI-DRAW: Play more than one drawing, including the next.
 - ADVANCE: Play any future drawing, or drawings, except the next.
 - REPEAT: Your play repeats for more than one ticket.

Important: Check your ticket for accuracy of price, numbers and drawing date. You are responsible for ticket accuracy. Tickets from Self Service Terminals cannot be canceled.

PICK 3 TYPES, ODDS AND PRIZES
 Twice a day, except Sunday, the Virginia Lottery will draw one 3-digit number. You win if all 3 digits in one play area on your ticket match the number drawn on that date.
EXACT ORDER: Match all 3 digits in the order drawn. \$500 prize per \$1 wager. Odds: 1 in 1,000.

ANY ORDER: Match all 3 digits drawn in any order.
 6-Way (example 123): Prize \$80 per \$1 wager. Odds: 1 in 167.
 3-Way (example 112): Prize \$160 per \$1 wager. Odds: 1 in 333.
50/50: Match all 3 digits drawn, half bet on EXACT, half on ANY ORDER.*
 6-Way: Prize \$40 per \$1 wager. Odds: 1 in 167 (ANY ORDER).
 6-Way: Prize \$200 per \$1 wager. Odds: 1 in 1,000 (EXACT ORDER).
 3-Way: Prize \$ 80 per \$1 wager. Odds: 1 in 333 (ANY ORDER).
 3-Way: Prize \$330 per \$1 wager. Odds: 1 in 1,000 (EXACT ORDER).
 *Prize for EXACT ORDER on a 50/50 bet includes ANY ORDER prize.

COMBO: Places a \$1 wager on each way a number can be drawn.
 6-Way - costs \$6 (example 123): Prize \$500. Odds: 1 in 167.
 3-Way - costs \$3 (example 112): Prize \$500. Odds: 1 in 333.
PAIRS: Wager on the first two (FRONT PAIR), last two (BACK PAIR), or first and last (SPLIT PAIR) numbers drawn. Played in exact order only: Prize \$50. Odds 1 in 100.

HOW TO CLAIM YOUR PRIZE

- Sign the back of your ticket. Ticket is a bearer instrument until signed.
- Present a Pick 3 winning ticket for up to and including \$600 to any online Lottery Retailer for validation and payment of prize.
- Prizes of any amount may be claimed at a Virginia Lottery office or by mailing the ticket to Virginia Lottery CLAIMS, P.O. Box 1254, Richmond, VA 23218-1254.

RULES

- All tickets, transactions, players, and winners are subject to, and players agree to be bound by, Virginia Lottery rules and regulations and Virginia state law. Copies are available at Virginia Lottery offices.
- Knowingly presenting or transferring for payment an altered, forged or counterfeit ticket is a felony.
- Winning tickets must be claimed within 180 days of the draw date on the ticket.
- Ticket purchasers and winners must be at least 18 years old.
- The playslip is not a valid receipt.

VIRGINIA LOTTERY
 All Virginia Lottery profits are dedicated solely to Virginia's public schools K-12.
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Shift 1 2 3 1 2 3 4 5 6 7 8 9 10 11 12 01 02
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

VIRGINIA LOTTERY **CASH 5**

Day Night Both

PICK 5 OF 34 NUMBERS, THEN MARK \$1, .50¢ OR 25¢. MINIMUM PURCHASE \$1.
MARK BOX FOR FUTURE DRAWINGS.

MARK \$1/\$.50/\$.25 AND LET THE COMPUTER SELECT NUMBERS FOR YOU.

MARK BOXES IN PENCIL OR PEN AS SHOWN. USE BLUE OR BLACK ONLY. MARK VOID BOX IN CASE OF MISTAKEN PLAYS.

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

Make all selections in BLUE or BLACK pen or pencil only.

1. Mark exactly 5 numbers (1 through 34) for each play you want. Use areas marked "PLAY A," "PLAY B," etc. Your bets must total at least \$1.00 per playslip. Select only \$.25, \$.50 or \$1.00 for each play.
2. Mark DAY, NIGHT, or BOTH draws. If you do not mark one, or if you mark more than one, the terminal will not accept your wager.
3. To play your selections for more than one drawing, mark box in upper left corner. Playing future drawings will multiply the ticket price by the number of drawings you choose.
4. Give this playslip to the clerk or insert it into the Self Service Terminal to get your ticket. The printed ticket will show the numbers you selected. **Check your ticket for accuracy of price, numbers, and drawing date. You are responsible for ticket accuracy. Cash 5 tickets from Self-Service Terminals cannot be canceled.**

You win if 3, 4 or 5 of the numbers in a single line on your ticket match the numbers randomly selected in the Cash 5 drawing for that date.

Match	Bet	Prize	Chances
5 of 5	\$1.00	\$100,000	1 in 278,256
	\$.50	\$50,000	
	\$.25	\$25,000	
4 of 5	\$1.00	\$100	1 in 1,919
	\$.50	\$50	
	\$.25	\$25	
3 of 5	\$1.00	\$5	1 in 69
	\$.50	\$2.50	
	\$.25	\$1.25	

If the total payout for all 5-of-5 winners exceeds \$2,000,000 for any one drawing, then the 5-of-5 prizes are reduced by the percentage above \$2,000,000 and allocated in proportion to the amount wagered by each 5-of-5 prize winners. All 4-of-5 and 3-of-5 winners win the stated prize, no matter how many winners there are.

RULES

- All tickets, transactions, players and winners are subject to Virginia Lottery Rules, Regulations and State Law. Copies are available at Virginia Lottery offices. When you buy a ticket, you agree to be bound by these Rules, Regulations and State Law.
- Knowingly presenting or transferring for payment of an altered, forged or counterfeit ticket is a felony.
- Winning tickets are subject to validation and must be redeemed within 180 days of the drawing.
- Ticket purchasers and winners must be at least 18 years old.
- This playslip is not a valid receipt.

2/99

Shift 1 2 3

3

3

99



Optional Plays: Mark box for Multi-Draws, Advance, or Repeat plays.

MARK BOXES IN BLUE OR BLACK PEN OR PENCIL AS SHOWN. MARK EASY PICK AND LET THE COMPUTER SELECT 6 NUMBERS FOR YOU. MARK VOID BOX IN CASE OF MISNUMBER PLAYS.

<input type="checkbox"/> ONE PLAY ST <input type="checkbox"/> EASY PICK <input type="checkbox"/> ADVANCE <input type="checkbox"/> REPEAT <input type="checkbox"/> VOID	<input type="checkbox"/> ONE PLAY ST <input type="checkbox"/> EASY PICK <input type="checkbox"/> ADVANCE <input type="checkbox"/> REPEAT <input type="checkbox"/> VOID	<input type="checkbox"/> ONE PLAY ST <input type="checkbox"/> EASY PICK <input type="checkbox"/> ADVANCE <input type="checkbox"/> REPEAT <input type="checkbox"/> VOID	<input type="checkbox"/> ONE PLAY ST <input type="checkbox"/> EASY PICK <input type="checkbox"/> ADVANCE <input type="checkbox"/> REPEAT <input type="checkbox"/> VOID	<input type="checkbox"/> ONE PLAY ST <input type="checkbox"/> EASY PICK <input type="checkbox"/> ADVANCE <input type="checkbox"/> REPEAT <input type="checkbox"/> VOID	<input type="checkbox"/> ONE PLAY ST <input type="checkbox"/> EASY PICK <input type="checkbox"/> ADVANCE <input type="checkbox"/> REPEAT <input type="checkbox"/> VOID
1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
8 9 10 11 12 13 14	8 9 10 11 12 13 14	8 9 10 11 12 13 14	8 9 10 11 12 13 14	8 9 10 11 12 13 14	8 9 10 11 12 13 14
15 16 17 18 19 20 21	15 16 17 18 19 20 21	15 16 17 18 19 20 21	15 16 17 18 19 20 21	15 16 17 18 19 20 21	15 16 17 18 19 20 21
22 23 24 25 26 27 28	22 23 24 25 26 27 28	22 23 24 25 26 27 28	22 23 24 25 26 27 28	22 23 24 25 26 27 28	22 23 24 25 26 27 28
29 30 31 32 33 34 35	29 30 31 32 33 34 35	29 30 31 32 33 34 35	29 30 31 32 33 34 35	29 30 31 32 33 34 35	29 30 31 32 33 34 35
36 37 38 39 40 41 42	36 37 38 39 40 41 42	36 37 38 39 40 41 42	36 37 38 39 40 41 42	36 37 38 39 40 41 42	36 37 38 39 40 41 42

Mark all selections in blue or black pen or pencil only. If you make a mistake, mark the VOID box. DO NOT ERASE.

HOW TO PLAY LOTTO SOUTH

1. Mark 6 numbers from 1 through 49 or choose EASY PICK for all or part of your numbers. Mark any numbers you want, then mark the EASY PICK box. The computer will randomly select all or part of your numbers for a total of 6 numbers per play.
2. You may play 5 plays (A - E) at \$1.00 per play on this playslip.
3. OPTIONAL PLAYS: Mark the OPTIONAL PLAYS box for any, or all, of the following. Playing more than one drawing increases the ticket price by the number of drawings.
 - MULTI-DRAW: Play more than one drawing, including the next.
 - ADVANCE: Play any future drawing, or drawings, except the next.
 - REPEAT: Your play repeats for more than one ticket.
4. Jackpot winners will choose Cash Option or Annual Payout when they claim their prize. With Cash Option, you choose to receive your share of the jackpot in one payment. This one-time payment will be roughly half the estimated advertised jackpot amount (before taxes). With Annual Payout, you will receive your share of the jackpot in 30 annual payments. (If a winner dies, his or her heirs will inherit these payments.)

Important: Tickets MAY NOT be voided or canceled. ALL SALES ARE FINAL.

This playslip can be used only in Virginia. Winning tickets purchased in Virginia can be claimed only in Virginia.

LOTTO SOUTH CHANCES AND PRIZES

On Wednesday and Saturday, six balls will be drawn from 1 to 49. You win if 3, 4, 5 or 6 numbers on one row of your ticket match the numbers on the balls drawn on that date.

Match Prize	Chances	Estimated Prize
6 of 6 Jackpot	1 in 13,983,816	Jackpot*
5 of 6	1 in 54,201	\$ 1,000*
4 of 6	1 in 1,032	\$ 75*
3 of 6	1 in 57	\$ 5*

Overall chances of winning a prize: 1 in 54

*All Lotto South prizes are pari-mutuel, based on the number of plays sold and the number of winners matching six, five, four and three numbers. The jackpot prize is divided by the number of jackpot winners to determine prize. The pari-mutuel prizes listed are estimates based on mathematical calculations; they will vary with each drawing.

HOW TO CLAIM YOUR PRIZE

- Sign the back of your ticket. Ticket is a bearer instrument until signed.
- Present winning ticket for up to and including \$600 to any online Lottery Retailer for validation and payment.
- Prizes of any amount may be claimed at a Virginia Lottery office or by mail: Virginia Lottery CLAIMS, P.O. Box 1254, Richmond, VA 23218-1254.

RULES

- All tickets, transactions, players, and winners are subject to, and players agree to be bound by, Virginia Lottery rules and regulations and Virginia state law. Copies are available at Virginia Lottery offices.
- Knowingly presenting or transferring for payment an altered, forged or counterfeit ticket is a felony.
- Winning tickets must be claimed within 180 days of the draw date on the ticket.
- Ticket purchasers and winners must be at least 18 years old.
- The playslip is not a valid receipt.



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AGREEMENT TO SHARE OWNERSHIP AND PROCEEDS
OF LOTTERY TICKET

THE VIRGINIA STATE LOTTERY DEPARTMENT HAS AGREED, AT MY REQUEST, TO DIVIDE THE PROCEEDS OF WINNING LOTTERY TICKET NUMBER

_____ AMONG ME AND THE PARTIES LISTED BELOW.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THIS REQUEST WAS MADE BECAUSE OF A PRE-EXISTING AGREEMENT BETWEEN ME AND THE PARTIES LISTED. I UNDERSTAND IN MAKING THIS REQUEST, I AM VOLUNTARILY RELINQUISHING ALL CLAIMS OF OWNERSHIP TO _____% OF THE PRIZES OR PRIZES PAYABLE ON THIS TICKET. THIS AGREEMENT IS IRREVOCABLE FOR THE LIFE OF THE ANNUITIZED PRIZE PAYMENTS AND BINDS ALL MY BENEFICIARIES, HEIRS AND ASSIGNS.

SIGNATURE

DATE

State of Virginia, City of Richmond, on ____/____/20____.

The individual whose name is signed to the foregoing instrument appeared before me and acknowledged that this instrument was executed by him/her and that the foregoing signature is his/hers.

My commission expires ____/____/20____
Signature _____

LOTTO SOUTH & MEGA MILLION PAYOUT ELECTION FORM

I, _____, hereby IRREVOCABLY ELECT
(Print Name)

to receive my Virginia Lotto Jackpot Prize from the _____ drawing
(Date)

(Lotto or Mega Million Ticket Number _____)
by the following payment method (check one):

- ANNUITY OPTION** – My share of the Annuitized Lotto or Mega Million Jackpot Prize paid in 30 annual installments for Lotto or 26 annual installments for Mega Million. Required federal and state income tax will be withheld from each annual payment, as well as any debt setoff, if applicable.
- CASH OPTION** – The first cash payment at the time of election and, subsequently, the proceeds from the sale of U.S. Government securities purchased to fund the remaining 29 annual payments of my share of the Annuitized Lotto South Jackpot Prize or 25 annual payments of my share of the Annuitized Mega Million Jackpot Prize. The proceeds from the sale of U.S. Government securities will be paid in a single lump sum. Required federal and state income tax will be withheld from each of the two payments, as well as any debt setoff, if applicable.

The U.S. Government securities, which were purchased the first business day following the winning draw, will be sold on the first business day after this Cash Option election is completed. I understand that that I am to receive the proceeds from the sale of the securities, which will include any gain or loss based on the original purchase price.

A check for sale of the securities will be written on the first business day after the securities have been sold and the proceeds deposited into the Lottery's account.

I hereby acknowledge that I am under no obligation to accept any offer of a cash payment and understand that I may receive the payments to which I am entitled under the annual payout method of payment of the Lotto Jackpot Prize.

Signature Date

STATE OF VIRGINIA)
COUNTY/CITY OF) ss.

On this _____ day of _____, before me came _____
Known to me to be the individual described in, and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.

My commission expires _____.

Notary Public



FOR OFFICE USE ONLY

Jackpot Number: _____ Annual Payment Date: _____
First Payment Date: _____
Last Payment Date: _____

**VIRGINIA STATE LOTTERY DEPARTMENT
PRIZEWINNER DESIGNATION OF BENEFICIARY(IES)**

Name: _____

Address _____

City/State/Zip: _____

Should I die before receiving all the prize payments due me, the following shall be the beneficiary(ies) of all such prize payments remaining due to me at the time of my death. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. When the death of a beneficiary occurs after my death, remaining payments are vested in that beneficiary's heirs. In the event all primary beneficiaries die before me, the contingent beneficiary(ies) shall become the primary beneficiary(ies). In the event all primary and contingent beneficiary(ies) shall die before me, the payments remaining after my death shall be paid to my estate. Please note: 1) Upon death, if an estate is named as beneficiary, an administrator or an executor must be appointed by the court before payments can be made; 2) Upon death, if a minor (child less than 18 years of age) is named as beneficiary, in the absence of a guardian or trustee for the minor, one must be appointed by the court before payments can be made; or 3) If you name a trust as beneficiary, be sure to list the name of the trustee and the date that the trust agreement was completed. A copy of the trust agreement must be submitted with the death claim to the Virginia State Lottery Department.

After you have completed this form, be sure to review your designations to determine that they meet your wishes for future payments. These payments are not to be considered as testamentary or subject to the provisions on wills contained in Chapter 3 (Section 64.1-45 et seq.) of Title 64.1 of the Code of Virginia.

(a) PRIMARY BENEFICIARIES

Print and provide at least one primary beneficiary. Please use legal names (no nicknames).

If you wish to name more primary or contingent beneficiaries than will fit on this form, please list the information on the continuation form and attach to this form. Percentages must total 100%. Note: Social Security number is not required but will be necessary if and when payments are made to the beneficiary.

Name _____ Social Security No. _____ Percentage _____ %

Address _____ Date of Birth _____ Relationship _____

City/State/Zip _____

Name _____ Social Security No. _____ Percentage _____ %

Address _____ Date of Birth _____ Relationship _____

City/State/Zip _____

Name _____ Social Security No. _____ Percentage _____ %

Address _____ Date of Birth _____ Relationship _____

City/State/Zip _____

Name _____ Social Security No. _____ Percentage _____ %

Address _____ Date of Birth _____ Relationship _____

City/State/Zip _____

___ Check here if a continuation form is necessary to list more than four primary beneficiaries.



CONTINUATION FORM

(a) ADDITIONAL PRIMARY BENEFICIARIES

Name _____ Social Security No. _____ Percentage _____ %
Address _____ Date of Birth _____ Relationship _____
City/State/Zip _____

Name _____ Social Security No. _____ Percentage _____ %
Address _____ Date of Birth _____ Relationship _____
City/State/Zip _____

Name _____ Social Security No. _____ Percentage _____ %
Address _____ Date of Birth _____ Relationship _____
City/State/Zip _____

Name _____ Social Security No. _____ Percentage _____ %
Address _____ Date of Birth _____ Relationship _____
City/State/Zip _____

____ Check here if a continuation form is necessary to list more than four contingent beneficiaries.

I reserve the right to revoke or change this beneficiary designation at any time without prior notice to any beneficiary. All prior designations (if any) of primary and contingent beneficiaries are hereby revoked.

Signature _____ Date _____

THE FOLLOWING CERTIFICATE MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER COURT OFFICIAL AUTHORIZED TO TAKE ACKNOWLEDGEMENTS. THIS FORM IS NOT VALID UNLESS PROPERLY NOTARIZED.

State of _____ City/County of _____ on ____/____/____.

The individual whose name is signed to the foregoing instrument appeared before me and acknowledged that this instrument was executed by him/her and that the foregoing signature is his/hers.

My commission expires: _____
Signature _____



(b) CONTINGENT BENEFICIARIES

(effective only in the event all of your Primary Beneficiaries predecease you). Percentages must total 100%

_____ Name	_____ Social Security No.	_____ Percentage %
_____ Address	_____ Date of Birth	_____ Relationship
_____ City/State/Zip		
_____ Name	_____ Social Security No.	_____ Percentage %
_____ Address	_____ Date of Birth	_____ Relationship
_____ City/State/Zip		
_____ Name	_____ Social Security No.	_____ Percentage %
_____ Address	_____ Date of Birth	_____ Relationship
_____ City/State/Zip		
_____ Name	_____ Social Security No.	_____ Percentage %
_____ Address	_____ Date of Birth	_____ Relationship
_____ City/State/Zip		

___ Check here if a continuation form is necessary to list more than four contingent beneficiaries.

I reserve the right to revoke or change this beneficiary designation at any time without prior notice to any beneficiary. All prior designations (if any) of primary and contingent beneficiaries are hereby revoked.

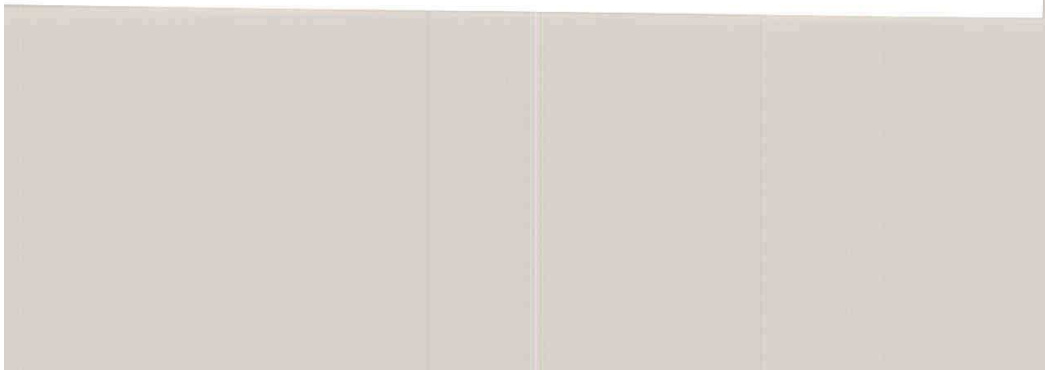
Signature _____ Date _____

THE FOLLOWING CERTIFICATE MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER COURT OFFICIAL AUTHORIZED TO TAKE ACKNOWLEDGEMENTS. THIS FORM IS NOT VALID UNLESS PROPERLY NOTARIZED.

State of _____ City/County of _____ on ___/___/___.

The individual whose name is signed to the foregoing instrument appeared before me and acknowledged that this instrument was executed by him/her and that the foregoing signature is his/hers.

My commission expires: _____
Signature _____





(b) ADDITIONAL CONTINGENT BENEFICIARIES

(effective only in the event all of your Primary Beneficiaries predecease you).
Percentages must total 100%

Name _____	Social Security No. _____	_____ %
Address _____	Date of Birth _____	Relationship _____
City/State/Zip _____		
Name _____	Social Security No. _____	_____ %
Address _____	Date of Birth _____	Relationship _____
City/State/Zip _____		
Name _____	Social Security No. _____	_____ %
Address _____	Date of Birth _____	Relationship _____
City/State/Zip _____		
Name _____	Social Security No. _____	_____ %
Address _____	Date of Birth _____	Relationship _____
City/State/Zip _____		

___ Check here if a continuation form is necessary to list more than four contingent beneficiaries.

I reserve the right to revoke or change this beneficiary designation at any time without prior notice to any beneficiary. All prior designations (if any) of primary and contingent beneficiaries are hereby revoked.

Signature _____ Date _____

THE FOLLOWING CERTIFICATE MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER COURT OFFICIAL AUTHORIZED TO TAKE ACKNOWLEDGEMENTS. THIS FORM IS NOT VALID UNLESS PROPERLY NOTARIZED.

State of _____ City/County of _____ on ____/____/____.

The individual whose name is signed to the foregoing instrument appeared before me and acknowledged that this instrument was executed by him/her and that the foregoing signature is his/hers.

My commission expires: _____
Signature _____