



The State of Hawaii Island Savings Plan Beneficiary Designation Form

Please print or type the following information:

Name Howie Long		Social Security Number 123-45-6789
Address 4321 SilverBlack Street		Home Telephone Number (808) 222-2222
City Honolulu	State, Zip HI, 96826	Work Telephone Number (808) 956-0000
Department University of Hawaii	Division Lyon Arboretum	Work Location (if applicable)

In order to change your existing beneficiary information; please fill in the name and relationship of the individuals you would like to designate as your future beneficiaries.

A primary beneficiary is the person or persons who are your first choice to receive your Plan benefits in the event of your death.

A contingent beneficiary is the person or persons who would receive your Plan benefits if both you and your primary beneficiary(s) die prior to receiving a complete distribution of your Plan benefits.

Name of Primary Beneficiary	SSN	Relationship	Date of Birth	Percentage Payable
Wife #1		Wife	08/01/65	100 %
				%
				%
				%
				TOTAL =100 %

Name of Contingent Beneficiary	SSN	Relationship	Date of Birth	Percentage Payable
Son #1		Son	11/03/95	100 %
				%
				%
				%
				TOTAL =100 %

A. Authorization

The execution of this form and delivery thereof to the State of Hawaii Island Savings Plan revokes all prior designations that I have made.

Participant Signature

Date

Return completed form to:

CitiStreet
Attn: State of Hawaii Island Savings Plan
P.O. BOX 55184
Boston, MA 02205