

If any of the above named beneficiaries predecease me, I hereby devise their share to (*Initial only one box*):

- The predeceased beneficiary's descendants (children or grandchildren if children are not alive, etc.)
- The surviving beneficiaries on a pro-rata basis
- The following beneficiary(ies): _____

I wish to include the child(ren) born to me or *adopted-in* (cultural or legal) by me *after* the date of this Will (*Initial only one box*):

- No
- Yes, in a percentage as equal as possible to other beneficiaries

I wish to include the child(ren) born to me and *adopted-out* (cultural or legal) by me *after* the date of this Will (*Initial only one box*):

- No
- Yes, in a percentage as equal as possible to other beneficiaries

I, _____, the Testator, sign my name to this instrument, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes expressed in the Will, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

Executed at _____, _____ this _____ day of _____, 20____.

Signature of Testator (Shareholder)
(Identical to name on stock certificate)

Enrollment Number

We _____ and _____ the witnesses, being first sworn, declare to the undersigned authority that the Testator signs and executes this instrument as his/her last Will and that he/she signs it willingly, and that each of us in the presence and hearing of the Testator, signs this Will as witness of the Testator's signing, and that to the best of our knowledge the Testator is 18 years of age or older, of sound mind and under no constraint or undue influence.

Witness Signature: _____, Residing at _____.

Witness Signature: _____, Residing at _____.

ACKNOWLEDGEMENT

State of _____; County of _____; or _____ Judicial District

Subscribed, sworn to and acknowledged before me by _____, the Testator, and by _____ and _____, the witnesses, this _____ day of _____, 20____.

Notary Public Signature
In and for the State of _____
Commission Expires: _____

OR

Signature of Postmaster
(If postmaster signs in place of Notary Public, imprint with official USPS stamp)

Imprint seal here