

**BENEFICIARY DESIGNATION FORM
FOR PARTICIPANTS IN THE
THE GROSSE POINTE PUBLIC SCHOOL SYSTEM
DEFERRED COMPENSATION PLAN**

The Grosse Pointe Public School System Deferred Compensation Plan (the "Plan") provides in paragraph D.8. that each Participant electing coverage under the Plan has the right to designate one or more Beneficiaries to receive a death benefit, payable to the Beneficiaries in accordance with paragraphs F.8.d. and e. of the Plan, in the event of the Participant=s death before the complete distribution of benefits. IF NO BENEFICIARY DESIGNATION IS IN EFFECT AT THE TIME OF A PARTICIPANT=S DEATH, the Plan designates the Participant=s estate as the Beneficiary for purposes of receiving benefits payable on account of the death of the Participant.

By virtue of my signature on this instrument, I acknowledge that I am a Participant in the Plan and that I am designating the following to be the Beneficiary or Beneficiaries of death benefits payable under this Plan on account of my death:

PRIMARY BENEFICIARIES:

_____ Check here if all designated primary Beneficiaries are to receive a pro rata share of the death benefits payable under the Plan on account of the death of the Participant. If you do not check here, indicate the percentage of the death benefit to be payable to each Beneficiary.

_____ Check here if you designate more than one primary Beneficiary, and you want the surviving contingent Beneficiaries to receive the share of a primary Beneficiary who predeceases the Participant, in the order listed below.

Name: _____ Relationship: _____
Address: _____
Soc. Sec. No. _____
_____ % of the Death Benefit

Name: _____ Relationship: _____
Address: _____
Soc. Sec. No. _____
_____ % of the Death Benefit

CONTINGENT BENEFICIARIES:

A contingent Beneficiary will receive a share of the death benefit only if (i) one or more of the primary beneficiaries dies before the Participant (as determined by the rules contained in the Plan), and (ii) there are no surviving primary Beneficiaries, or if there are surviving primary Beneficiaries, you did not check the line above that directs the Committee to reallocate the share of a primary Beneficiary who predeceases the Participant to other surviving primary Beneficiaries.

Name: _____ Relationship: _____
Address: _____
Soc. Sec. No. _____

Name: _____ Relationship: _____
Address: _____
Soc. Sec. No. _____

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I understand that this form will be attached to and become a part of the Participation Agreement that I signed with the Employer, and that it will remain in effect until either (i) revoked by me in a writing filed with the Committee, or (ii) until I replace this Beneficiary Designation Form with a properly executed new Beneficiary Designation Form that is submitted to and received by the Committee.

PARTICIPANT

Name: _____
(Please print)

Signature: _____
Social Security No.: _____

On the ____ day of _____, 200__, personally appeared _____, to me known to be the person described in, and who executed this instrument, and then acknowledged the same to be his/her free act and deed.

Notary Public

County, Michigan
My commission expires: _____
Acting in the County of _____