

## INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

1. To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to or married to you, show relationship as "Friend."
2. If you wish to name your estate, insert "Estate" in the blank space.
3. It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If you name a person who is a permanent resident of a foreign country, you must furnish that person's full address, including country.
4. If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language below:  
To X Bank as Trustee, or its successor Trustee, of the Bruce E. Roberts Trust dated the 26th day of May, 2000, including any amendments to the Trust. Information on the Trust should be attached.
5. More than one beneficiary -- here are the most common examples:

Three or more beneficiaries	James O. Smith, brother; Peter I. Smith, brother; and Martha N. Smith, sister
Unnamed children	My children living at my death
One secondary beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son
More than one secondary beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son; Alice B. Smith, daughter; and Ann Y. Smith, daughter
Unnamed children as secondary beneficiaries	Lois P. Smith, wife, if living; otherwise, my children living at my death
6. If one of the above examples fits your wishes, insert your designation in the blank space, using the language of the selected example. Secondary beneficiaries only receive benefits if all named primary beneficiaries predecease you. If a primary beneficiary survives you, but dies prior to receiving his or her share of the death benefit, that primary beneficiary's estate will receive the death benefit unless your DESIGNATION OF BENEFICIARY form provides otherwise.
7. If none of the above is suitable, explain in the blank space what is desired, or attach a note.

Note: Unless you provide otherwise in completing the DESIGNATION OF BENEFICIARY form, all sums payable to more than one beneficiary will be paid equally to all beneficiaries.

## PRE-RETIREMENT SURVIVOR BENEFIT EXPLANATION

The pre-retirement death benefit provides a benefit for your surviving spouse if you die prior to distributions from the Plan. Your surviving spouse will be entitled to 100% of your account balances in the Plan. You need to read the balance of this explanation only if you have designated, or wish to designate, someone other than your spouse to receive this death benefit. If you are not married at the time of your death, then the death benefit will be paid to your designated beneficiary.

Pre-retirement death benefit. If you are married at the time of your death, then the Plan requires the Trustee to distribute your account balance (including the proceeds, if any, of life insurance contracts purchased on your behalf under the Plan) to your surviving spouse if your death occurs prior to commencement of benefits under the Plan and your spouse survives you. Generally, the Trustee may not commence payment of the pre-retirement death benefit prior to the date you would have attained the later of Normal Retirement Age under the Plan or age 62, without the consent of your surviving spouse. However, your surviving spouse may elect to have distribution of the pre-retirement death benefit at any time following your death. If, at the time of your death, your account balance (excluding amounts attributable to rollovers) is not greater than \$5,000, the Plan Administrator will direct the Trustee to make a lump-sum distribution to your surviving spouse.

Waiver Election. The Plan requires payment of the pre-retirement death benefit to your surviving spouse unless you have a valid waiver election in effect on the date of your death. To have a valid waiver, you must complete the Designation of Beneficiary form with your election and spousal consent. Your waiver election is not valid unless your spouse also consents in writing to your beneficiary designation or to any change in your beneficiary designation, unless your spouse is the sole primary beneficiary. A notary public or Plan representative also must witness your spouse's consent to the beneficiary designation. You may revoke a waiver election without your spouse's consent, but your spouse would have to consent to a new waiver. A waiver election is valid only for the spouse consenting to the waiver. Therefore, you should inform the Plan Administrator of any change in your marital status.

Procedure. If you wish to have the pre-retirement death benefit distributed to your surviving spouse, then you do not need spousal consent. If you wish to have the pre-retirement death benefit distributed to someone other than your surviving spouse, then execute the enclosed Designation of Beneficiary and have the spouse sign as indicated and witnessed.

**DESIGNATION OF BENEFICIARY**

Company Name: \_\_\_\_\_

Plan Type:  Profit Sharing/401(k)  Money Purchase  ESOP  Other: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status:  Married  Divorced  Widow/er  Single

I hereby acknowledge receipt of the Summary Plan Description and agree to abide by all of the rules and regulations set forth in the Plan. The following applies to me (select one):

- ( ) I have recently become a Participant of the above plan and I hereby make an election of beneficiary(ies).
- ( ) I hereby update my DESIGNATION OF BENEFICIARY for death benefits to be paid under the Plan.

**A. Election.** If in the event of your death, your vested account balance has not been distributed to you from the aforementioned plan, your vested account balance will be paid to your surviving beneficiary(ies). IF YOU ARE MARRIED, your surviving spouse is automatically the sole beneficiary to receive your vested account balance unless otherwise elected. A married participant, who is naming a beneficiary other than your spouse must have your spouse's consent to waive this right by signing Part B of this form before the Plan Representative or a Notary Public. Please refer to your Summary Plan Description for details.

**IMPORTANT:** If you are not married now and you marry in the future, your new spouse will automatically become your sole beneficiary and this form will be invalid. If you want to designate a beneficiary other than your spouse at that time, you must complete a new form and your spouse must sign Part B of that form.

**Primary Beneficiary(ies) and relationships:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Secondary Beneficiary(ies) and relationships (In the event primary beneficiary has deceased):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*You may change your beneficiary at any time by completing a new form and filing it with the Plan Administrator, subject to the spousal consent requirements described above. In signing this form, I certify that my marital status stated above is correct. I hereby revoke any previous designation of beneficiary I may have completed.*

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

**B. CONSENT OF SPOUSE** (If participant is under age 35, this waiver becomes invalid at age 35. The participant must request a new form to update upon attainment of age 35, if spouse is not the designated beneficiary.) If you are married and your spouse is not your sole primary beneficiary, he/she must sign below. If you are not married, do not complete this Part B.

SPOUSE. As the spouse of the participant named above, I consent to the payment of death benefits under the plan in accordance with the designation in Part A of this form. I understand that I am waiving my right to receive the entire vested account balance (if any) in my spouse's plan account at his or her death.

\_\_\_\_\_  
**Spouse's Signature**

\_\_\_\_\_  
**Date**

**The above-named spouse appeared before me and I acknowledge that he or she signed Part B of this form at his or her free act and deed. IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**Plan Representative**

**OR**

\_\_\_\_\_  
**Notary Public**  
**My Commission Expires:**