

Mulzer Crushed Stone-Materials Transport-Shamblin Stone

401(k)Deferred Salary Retirement Plan

Designation of Beneficiary

Participant: _____

Social Security #: _____

I, the undersigned Participant in the above-captioned Plan, do hereby designate the following person(s) as Beneficiary(ies) to whom distribution shall be paid in accordance with said Plan in the event of my death.

| <u>Name of Primary Beneficiary(ies)</u> | <u>Address</u> | <u>Relationship</u> | <u>% of Total Payable</u> |
|---|----------------|---------------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Should an above named Beneficiary predecease me, the “% of Total Payable” to such Primary Beneficiary is to be paid to the following person(s).

| <u>Name of Contingent Beneficiary(ies)</u> | <u>Address</u> | <u>Relationship</u> | <u>% of Total Payable</u> |
|--|----------------|---------------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The foregoing revokes all prior designation of Beneficiary(ies) made by me with respect to my interest in said Plan. I reserve the right to change my Beneficiary(ies) by filing another Designation of Beneficiary Form with the Trustee.

[] I have checked here if **I am not married** (and I so certify to the Plan Administrator) on the date I have signed the form.

Date: _____

Signature: _____

Witness(other than Beneficiary): _____

Note: If you are married and designated a primary beneficiary other than your spouse, your spouse must sign the form below. Otherwise, leave blank.

Spouses Consent to Alternate Beneficiary

I hereby consent to the Beneficiary designation made herein by my spouse and I understand and agree that if I am not designated as a Primary Beneficiary,, I will not receive any benefit under the Plan in case of my spouse’s death (or, if I am designated as a Primary Beneficiary, but not the sole Primary Beneficiary, I will not receive all of my spouse's interest in the Plan in case of his or her death), and I will receive no joint and survivor annuity or preretirement survivor annuity form of benefit under the Plan:

Date: _____ Signature of spouse of participant: _____

Please Print or type spouse’s name: _____

Witnessed by the Plan Administrator or designate, Signature and title: _____

Or notarized here:

State or Commonwealth of _____ On this _____ day of _____, 19__

Personally appeared before me and, being duly sworn, affirmed that the signature above was made of his or her own free will.

Signature of Notary Public: _____

My Commission Expires: _____