

Mulzer Crushed Stone, Inc. 401(k) Plan Beneficiary Form

Beneficiary Designations

Participant Data:

Name Social Security Number Date of Birth

In the event of my death, I hereby authorize and direct my account balance under the Plan to be distributed among the following person(s): (if you elect to name additional beneficiaries, attach a separate sheet with the required information).

Primary Beneficiary(ies)

Name Social Security Number Date of Birth

Address Relationship Percent of Benefit

Name Social Security Number Date of Birth

Address Relationship Percent of Benefit

Contingent Beneficiary(ies) – In the event the primary beneficiary(ies) named above does not survive me, I desire my benefit to be paid to my contingent beneficiary(ies) as follows:

Name Social Security Number Date of Birth

Address Relationship Percent of Benefit

Name Social Security Number Date of Birth

Address Relationship Percent of Benefit

Consent of Spouse

If you are married and do not name your spouse as sole primary beneficiary, your spouse must complete this section.

I understand that my spouse, who is a participant in the Plan, has elected not to name me as sole primary beneficiary of his/her account balance in the event of his/her death. I hereby consent to his/her election.

Spouse's Signature Date

Notary Public/Plan Representative Date

Authorization

I understand and agree to the following: (1) naming a nonspouse beneficiary to receive any of my vested account balance will be invalid without the written consent of my spouse; (2) the above beneficiary designation revokes any prior designation; (3) if I have a different spouse when benefits begin, I must get a new spousal consent; and (4) this beneficiary designation conforms with the terms of any outstanding Qualified Domestic Relations Order. In the event of a divorce, I should complete a new Beneficiary Designation Form if I want to make a change. If I marry after completing this form, it will become invalid as required by law unless my spouse consents. I am responsible for any incorrect statement of marital status.

Employee's Signature Date

Plan Administrator's Signature Date