

# Qualified Plan Designation of Beneficiary

## Meridian Industries, Inc. Retirement Plan

### Participant Information

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

- I Am Not Married.** I hereby certify that I am not married at this time. (For this purpose, depending on the terms of the Plan, whether I am considered married may depend on whether I have been married for at least a 12-month period ending on the day of my death.) I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- I Am Married.** I understand that as a married participant, I may designate someone other than my spouse to receive benefits payable because of my death. However, if I designate a Primary Beneficiary other than my spouse, my spouse's consent must be in writing and must be witnessed by a Notary Public or Plan Representative. If my spouse does not consent in this manner, I understand that my designation of someone other than my spouse as primary beneficiary will be invalid.

### Designation of Primary Beneficiary(ies)\*

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I designate the following person(s) as the primary beneficiary(ies) of my account balance under the Plan payable due to my death.

Name	Social Security #	Birthdate	Benefit %	% Relationship
Name _____	Social Security # _____	Birthdate _____	Benefit % _____%	Relationship _____
Name _____	Social Security # _____	Birthdate _____	Benefit % _____%	Relationship _____

Check here if you wish to designate additional Primary Beneficiaries. Attach a list in the format used above and insert total number of primary beneficiaries: \_\_\_\_\_

### Designation of Contingent Beneficiary(ies)\*

In the event all the primary beneficiaries designated above predecease me, I designate the following person(s) as the contingent beneficiary(ies) of my account balance under the Plan payable due to my death.

Name _____	Social Security # _____	Birthdate _____	Benefit % _____%	Relationship _____
Name _____	Social Security # _____	Birthdate _____	Benefit % _____%	Relationship _____
Name _____	Social Security # _____	Birthdate _____	Benefit % _____%	Relationship _____

Check here if you wish to designate additional Contingent Beneficiaries. Attach a list in the format used above and insert total number of contingent beneficiaries: \_\_\_\_\_

### \*Multiple Beneficiary Election

If I have designated more than one person as primary or contingent (secondary) beneficiary, and if one or more, but not all, fail to survive me, then the shares of those designated person(s) who do not survive me shall be paid or payable as follows.

- To their respective children then living, by right of representation.       To those designated persons who do survive me, share and share alike.       Not applicable.

### Participant Signature

I reserve the right to revoke or change my beneficiary designation and hereby revoke all prior beneficiary designations. I understand that: (1) if I am now married and I later divorce and remarry, this designation automatically will be void; (2) if I designate a beneficiary other than my new spouse, I must have my new spouse's consent; and (3) if I am now single and I later marry, this designation will become invalid and my surviving spouse will be my beneficiary unless he or she consents to a different beneficiary designation. For this purpose, depending on the terms of the Plan, whether I am considered married may depend on whether I have been married for the entire 12-month period ending on the day of my death. The trustee will pay all sums payable under the Plan in accordance with the terms of this form, and if no beneficiary survives me, then the Trustee will pay all amounts in accordance with the terms of the Plan. I understand that if my beneficiary(ies) survive me, but die prior to receiving a complete distribution of my benefits under the Plan, any remaining benefits that would have been paid to that beneficiary (or beneficiaries) will be paid to such beneficiary(ies) estate.

X

Date of this Designation \_\_\_\_\_

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

**NOTE: If you have not named your spouse as your sole primary beneficiary, you must complete either the CONSENT OF SPOUSE below, or the statement of non-marriage at the top of this form. Failure to complete one of these statements will result in an invalid Designation of Beneficiary form.**

### Consent of Spouse

I am the spouse of the Participant named above. I understand that I have the right to all of my spouse's vested account balance under the Plan if my spouse dies prior to commencement of distribution of plan benefits. I agree to give up all my rights to my spouse's account balance and agree to the designation in the beneficiary designation above. I understand that my spouse cannot change the name of any beneficiary in the future unless I agree to that change. I understand that by signing this consent, I may receive less money than I would have received if I had not signed this consent and I may receive nothing from the Plan after my spouse dies. I understand that I do not have to sign this consent and I am signing voluntarily. I understand that if I do not sign this consent, then I will receive my spouse's entire vested account balance when my spouse dies. In order for this consent to be valid, an authorized plan representative or a notary public must witness it.

X

Date of Execution of this Consent \_\_\_\_\_

Signature of Participant's Spouse \_\_\_\_\_

### Affirmation of Notary Public or Plan Representative

I affirm that \_\_\_\_\_ personally appeared, known to me to be the person who executed the above Consent of Spouse, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

or

Signature of Plan Representative \_\_\_\_\_

County and State of: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Please return this form to your human resources department.

BenefFormNoJS 6/2003

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## Instructions for Designating or Changing Beneficiary

### General Instructions

These instructions will assist you in properly completing the Designation of Beneficiary form.

- (1) To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show relationship as "Friend."
- (2) If you wish to name your estate, insert "Estate" in the space.
- (3) Show a member of a religious order in this manner:  
Mary L. Jones, niece, known in religious life as Sister Mary Agnes.
- (4) Due to potential tax issues and difficulties in locating individuals in foreign countries, it is not advisable 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, furnish full address.
- (5) If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language substantially as follows:  
To X Bank as Trustee, or its successor Trustee, of the "Bruce E. Roberts Trust dated the 26th day of May, 1975," including any amendments to the Trust.
- (6) 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

If one of the above examples fits your wishes, insert your designation in the space provided using the language of the selected example. Contingent beneficiaries only receive benefits if all named primary beneficiaries predecease you. If a primary beneficiary survives you, but dies prior to receiving his/her share of the death benefit, that primary beneficiary's estate will receive the death benefit unless your beneficiary designation provides otherwise.
- (7) If none of the above is suitable, explain in the space what is desired, or attach a note.