

**Cam-Ful Industries, Inc. 401(k) Plan (128)
BENEFICIARY DESIGNATION FORM**

Participant Name: _____ **SSN:** _____

I hereby designate the following individual(s) as my primary and alternate Beneficiaries in the event of my death prior to the date on which my benefits commence to be paid under the Plan. I understand that, by law, if I am married I must name my spouse as my sole primary beneficiary unless I obtain notarized spousal consent.

Primary Beneficiary:

Name: _____ Date of Birth: ___/___/___ SSN: _____

Address: _____ Relationship: _____ Percentage of Benefit: ___%

Name: _____ Date of Birth: ___/___/___ SSN: _____

Address: _____ Relationship: _____ Percentage of Benefit: ___%

If all Primary Beneficiaries die before me, all money shall be paid to the following Alternate Beneficiary (ies) living at the time of my death:

Name: _____ Date of Birth: ___/___/___ SSN: _____

Address: _____ Relationship: _____ Percentage of Benefit: ___%

Name: _____ Date of Birth: ___/___/___ SSN: _____

Address: _____ Relationship: _____ Percentage of Benefit: ___%

- Check here if you would like to designate any additional beneficiaries that do not fit within the spaces provided above. Please write the information on a separate sheet of paper. Sign and date the page, and staple it to this form.

PARTICIPANT CERTIFICATION:

- I AM NOT MARRIED. I understand that if I become married in the future, this form automatically ceases to apply and I should file a new beneficiary designation.

Participant Signature _____
Date

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the Employer, and that by doing so, I revoke all prior designations.

SPOUSAL CONSENT: (complete only if married and primary beneficiary is not spouse)

I hereby approve of, and consent to, the designation by my spouse of the primary beneficiary(ies) set forth above who shall receive benefits from the Plan upon my spouse's death. I understand that, as a result of such designation, I am not entitled to any benefits from the Plan upon my spouse's death. I further understand that my Spouse may not change the Primary Beneficiary designation without first obtaining my written consent. My consent is irrevocable unless my spouse revokes the beneficiary designation. I acknowledge that I had the opportunity to consult my attorney or other professional concerning this waiver, if I had so desired.

Spouse Name (Print Name) _____
Spouse Signature _____
Date

The Foregoing "Spousal Consent" was acknowledged before me:

Notary Name (Print Name) _____
Notary Signature _____
Date

