

**!! Print legibly  
throughout  
this Form !!**

**THE BROASTER COMPANY 401(k) PROFIT SHARING PLAN**

**Beneficiary Designation** (v.4)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**OPTION 1 ( )  
SPOUSE**

To \_\_\_\_\_, my spouse, if living at my death.

**If not living at my death:**

( ) In equal shares to my lawful children, with one share for each then living child and one share divided equally among the children of any deceased child. Included in the above are children legally adopted by me and/or my spouse.

*or*

( ) To the person(s) named below:

<u>Name</u>	<u>Relationship</u>	<u>% Share</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OPTION 2 ( )  
OTHER THAN  
SPOUSE**

**PRIMARY BENEFICIARY**

Equally or as designated to the following named person(s) living at my death:

<u>Name</u>	<u>Relationship</u>	<u>% Share</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECONDARY BENEFICIARY**

If no such primary beneficiary is living, equally or as designated to the following named person(s) living at my death:

<u>Name</u>	<u>Relationship</u>	<u>% Share</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OPTION 3 ( )**

**OTHER (TRUST, ESTATE, ETC.)** *(Describe in full below or on attachments hereto.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Signatures, Witness, and Notary:**

**REQUIRED SIGNATURE**  
If you are married and Option 2 or 3 has been selected, the Participant's spouse MUST sign this section.

I consent to the beneficiary designation made by my spouse. I understand with this consent I hereby waive the payment of any survivor death benefit available to me under this Plan unless a new designation is completed and delivered to the Plan Administrator.

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE

**NOTE:**  
As required by the Retirement Equity Act, spouse's signature must be witnessed by a Notary Public or the Plan Administrator.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE & SEAL

\_\_\_\_\_  
PLAN ADMINISTRATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

Married \_\_\_\_ Single \_\_\_\_

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**!! SUBMIT FORM TO BROASTER's HUMAN RESOURCES DEPARTMENT !!**