

**MITCHELL & STARK CONSTRUCTION CO., INC.  
 EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN  
 BENEFICIARY DESIGNATION FORM**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**SECTION 1. DESIGNATION OF BENEFICIARY**

**PRIMARY BENEFICIARIES.** I designate the following as my primary beneficiary or beneficiaries:

NAME	SOCIAL SECURITY #	ADDRESS	RELATIONSHIP	% SHARE

**CONTINGENT BENEFICIARIES.** If my primary beneficiary predeceases me, I designate the following as my contingent beneficiary or beneficiaries:

NAME	SOCIAL SECURITY #	ADDRESS	RELATIONSHIP	% SHARE

**TRUST INFORMATION.** If a trust is named as a beneficiary (primary or contingent), the trustees of the trust are \_\_\_\_\_  
 \_\_\_\_\_ and the creation date of the trust is \_\_\_\_\_

**FILING STATUS**

- I am legally single (Do not complete Section 2)
- I am legally married and my spouse is the primary beneficiary of 100% of my account. (Do not complete Section 2)
- I am legally married and my spouse is not a primary beneficiary of 100% of my account. (You must complete Section 2)

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 2. SPOUSAL CONSENT**

I am the spouse of the employee who completed and signed page 1 of this form, and I understand the spousal death benefit to which I am entitled under the terms of the plan. I realize that my spouse is waiving this spousal death benefit and I voluntarily consent to the waiver. I hereby consent to my spouse's designation of beneficiary and agree to release and discharge the Trustee, the Plan Administrator, and the Company from liability for acting pursuant to this irrevocable consent.

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

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

- The Witness is a Plan Representative
- The Witness is a Notary Public (*complete the following*)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

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

MY COMMISSION EXPIRES \_\_\_\_\_