

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

Section 1: PARTICIPANT INFORMATION

Last Name	First Name	MI	Social Security Number (SSN)		
Address - Number and Street (Apt. #)			City	State	Zip
Date of Birth: ____ / ____ / ____			Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		
Home/Cell Phone: ()			Work Phone: ()		

Section 2: NOTICE OF SURVIVING SPOUSE'S BENEFIT

Under this Plan, the surviving spouse of a deceased Participant is generally entitled to a "surviving spouse's benefit" equal to the Participant's vested account balance at the time of death.

Unless the surviving spouse's benefit is waived, a Participant may not designate that any portion of his or her vested account balance be paid as a death benefit to a beneficiary or beneficiaries other than his or her surviving spouse. For example, if a Participant designates his or her parents as beneficiaries and later marries but dies without having changed his or her beneficiary designation, the entire vested account balance will be paid to the surviving spouse rather than the deceased Participant's parents. Similarly, if a married Participant designates that his or her vested account balance be divided in equal shares among the surviving spouse and their three children but the surviving spouse's benefit is not waived, the surviving spouse must receive the entire vested account balance.

The surviving spouse's benefit cannot be waived unless the spouse gives his or her written consent (Section 4 of this form) or the Participant certifies that he or she does not know the whereabouts of the spouse. To become effective, this form must be properly completed and submitted to the Plan Administrator at: **170 West First Street P.O. Box 219, Medora, IN 47260.**

Section 3: DESIGNATION OF BENEFICIARY/OPTIONAL WAIVER OF SURVIVING SPOUSE'S BENEFIT

As a Participant in the above Plan, I hereby revoke any prior beneficiary designation and direct that any benefits payable upon my death be paid to the following beneficiary/beneficiaries. The total share for the Primary Beneficiaries must equal 100% and the total share for the Secondary Beneficiaries, if any, must equal 100%. *If you want any Primary Beneficiary's share to go to his/her descendants, check the box to the right titled "Per Stirpes".*

PRIMARY BENEFICIARY(IES):

Name and Social Security Number	Share	Relation	Address	Per Stirpes

***Selecting Per Stirpes means that if a beneficiary dies before the Plan Participant, the portion of the account to which the**

beneficiary was entitled will pass to the heirs (living descendants, not beneficiaries) of that beneficiary, if any. If Per Stirpes is not selected and a beneficiary dies before the Plan Participant, that beneficiary's interest in the account balance is forfeited and will pass instead to any remaining primary beneficiaries, or to secondary beneficiaries, as applicable.

If none of the Primary Beneficiaries designated above survive me and the "Per Stirpes" box is not selected for any of the named Primary Beneficiaries, payment shall be made to the following Secondary Beneficiaries. *If you want any Primary Beneficiary's share to go to his/her descendants, check the box to the right titled "Per Stirpes".*

SECONDARY BENEFICIARY(IES):

Name and Social Security Number	Share	Relation	Address	Per Stirpes

***Selecting Per Stirpes means that if a beneficiary dies before the Plan Participant, the portion of the account to which the beneficiary was entitled will pass to the heirs (living descendants, not beneficiaries) of that beneficiary, if any. If Per Stirpes is not selected and a beneficiary dies before the Plan Participant, that beneficiary's interest in the account balance is forfeited and will pass instead to any remaining secondary beneficiaries, as applicable.**

Unless otherwise specified above, if none of the beneficiaries designated above or their descendant (if Per Stirpes is selected) survive me, payment shall be made pursuant to the applicable provisions of the Plan.

You must check A, B, C or D below:

- A. I am not married. I understand that if I do marry, my surviving spouse will be entitled to my entire vested account balance unless I file a new Designation of Beneficiary with my spouse's written consent.
- B. I am married, but Section 4 of this form is not completed because I have designated my spouse as the Primary Beneficiary of my entire vested account balance.
- C. Subject to my spouse's written consent (Section 4 of this form), I have designated that all or part of my vested account balance be paid to one or more beneficiaries other than my spouse.
- D. I am married, but I have designated that all or part of my vested account balance be paid to one or more beneficiaries other than my spouse. Section 4 of this form has not been completed because I do not know the whereabouts of my spouse. I agree to inform the Plan Administrator if I learn the location of my spouse.

Dated at _____, this ____ day of _____, 20__.
 [City, State]

Witnessed by:

 Signature of Participant

 Name of Participant (print or type)

Section 4: SPOUSE'S CONSENT

I am the spouse of the Participant identified above. I hereby consent to my spouse's designation of the beneficiary(ies) identified above. I further acknowledge my understanding that:

1. My spouse's designation that all or part of his or her vested account balance be paid to one or more beneficiaries other than myself is not valid unless I consent to it;
2. I am waiving the right to be the sole Primary Beneficiary of my spouse's death benefit under the Plan; and
3. My consent is irrevocable (check one of the following):
 - until my spouse changes his or her designation of beneficiary(ies). At that time I must consent to any change in beneficiaries, or
 - even if my spouse changes his or her designation of beneficiary(ies). My spouse may change his or her beneficiaries without my consent.

Dated at _____, this ____ day of _____, 20__.
[City, State]

Signature of Participant's Spouse

Name of Participant's Spouse
(print or type)

Witnessed by:
Notary Public, State of _____
My Commission (is permanent/expires)

_____ **OR** _____
Authorized Representative of Plan Administrator