

Foth & Van Dyke, LLC 401(k) Retirement Savings Plan

Beneficiary Form

Participant Information (please print clearly)

Participant Name _____ Social Security Number _____
 Address _____ Date of Birth _____
 City _____ State ____ Zip _____ Date of Hire _____
 Email Address _____ Date of Participation _____

In the event of my death, all amounts credited to my account under the Plan should be paid to the following person or persons. I hereby revoke any previous Designation of Beneficiary I may have made. I understand that Federal law requires that my spouse be named as sole primary beneficiary unless my spouse consents to an alternative designation by signing the spousal consent form.

Primary Beneficiary(ies)

<i>Name</i>	<i>Relationship</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	<i>% Share</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contingent Beneficiary(ies)

<i>Name</i>	<i>Relationship</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	<i>% Share</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Marital Status (check one)

- 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 Form.
- I am married. If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on the back of this form. (If consent of your spouse cannot be obtained – e.g., cannot be located or is incapacitated – contact your employer for information about possible alternatives.) I understand that, if my marital status changes, any designation of a spousal beneficiary will automatically be revoked.

Signatures

Participant Signature

Date Signed

Employer Retain Original

Foth & Van Dyke, LLC 401(k) Retirement Savings Plan

Spousal Consent Form

Participant Information (please print clearly)

Participant Name _____ Social Security Number _____
Address _____ Date of Birth _____
City _____ State ____ Zip _____ Date of Hire _____
Email Address _____ Date of Participation _____

If you are married and have not named your spouse as your sole primary beneficiary, you must complete this form.

Spousal Consent

By signing this Spousal Consent, I certify that, as of the date set forth below, I am legally married to the Participant whose name appears on this form. I understand that my spouse has chosen not to name me as his/her sole primary beneficiary. I also understand that, if I do not sign this Spousal Consent, I will be treated as my spouse's sole primary beneficiary under the Plan.

By signing this Spousal Consent, I hereby consent to my spouse's designation of the person(s) named on the beneficiary form as my spouse's primary and contingent beneficiaries. I acknowledge that by consenting I am forgoing all rights to any survivor benefit under the Plan (except to the extent I am listed as one of the beneficiaries on the Beneficiary Designation Form).

Print Name of the Participant's Spouse

Signature of the Participant's Spouse

Date Signed

Witnessed by:

State of _____, County of _____, ss

On this, the _____ day of _____, _____, appeared _____, known (or satisfactorily proven) to me to be the person whose name is subscribed to the Spousal Consent and acknowledged that he or she executed the same for the purpose therein contained. In witness and whereof, I hereunto set my hand and official seal.

Notary Public or Plan Administrator

THIS SPOUSAL CONSENT FORM MUST BE WITNESSED BY A NOTARY PUBLIC OR YOUR COMPANY'S PLAN ADMINISTRATOR.

This form is maintained by your employer. Please return this form to your Plan Administrator. You should make a copy for your own records.