

Beneficiary Designation

Plan Name: _____

Married Participant

I understand that I must elect my spouse as sole Primary Beneficiary under this plan unless he/she consents in writing (and has his/her signature witnessed by a notary) to my naming another Primary Beneficiary.

Unmarried Participant

I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my plan Administrator of any change in my marital status.

Please complete the Spousal Consent Form if naming a Primary Beneficiary other than your Spouse.

Primary Beneficiary

Name: _____
Last *First* *M.I.*

Address: _____
Street *City* *State/Zip*

DOB *Email* *SSN* *Phone*

% Share *Relationship to Participant*

Extra Sheet Attached (please attach a separate page if naming more than one Primary Beneficiary)

Contingent Beneficiary

Name: _____
Last *First* *M.I.*

Address: _____
Street *City* *State/Zip*

DOB *Email* *SSN* *Phone*

% Share *Relationship to Participant*

Extra Sheet Attached (please attach a separate page if naming more than one Contingent Beneficiary)

I hereby designate the above individual(s) as my beneficiary(ies) to receive the benefit payable (if any) under this plan in respect of my death. I understand that if I outlive my Primary Beneficiary, benefits will be paid pursuant to the terms of the plan document, unless I designate a Contingent Beneficiary(ies).

Please Print Name *Signature* *Date*

Spousal Consent Form

Plan Name: _____

Your spouse must sign here if you are married and your spouse is not named the only Primary Beneficiary or if the form of payment is not a lifetime annuity. Also the signature of your spouse must be witnessed by a Notary Public.

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 Val Surf, Inc. Profit Sharing Plan.

By signing this Spousal Consent, I hereby consent to my spouse's designation of the person(s) named to 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 contingent beneficiaries).

By signing this Spousal Consent, I certify that, as of the date set forth below, I am legally married to the Participant who appears on this form.

Spouse of Participant

Name:

Last

First

M.I.

Signature:

Date

Public Notary

Subscribed and sworn to before me

This _____ **day of** _____ **20** _____

Notary Public

THIS SPOUSAL CONSENT MUST BE WITNESSED BY A NOTARY PUBLIC. THIS SPOUSAL CONSENT IS NECESSARY IF YOU APPOINT ANYONE OTHER THAN YOUR SPOUSE AS THE BENEFICIARY.