

Penmac Staffing Services, Inc. Employee Stock Ownership Plan

Designation of Beneficiary

TO THE PLAN ADMINISTRATOR:

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations which I have made under the plan. Benefits will be paid to my primary beneficiary(ies) if living. Benefits will be paid to my contingent beneficiary(ies) only if no primary beneficiary survives me.

- I am single. If I do marry, I will inform the Plan Administrator of the change in my marital status.
- I am married. (select one below)
 - I am designating my spouse as primary beneficiary for my entire vested balance.
 - I am not designating my spouse as my primary beneficiary for my entire vested balance. My spouse must consent in writing to the naming of alternate primary beneficiary(ies). The Spousal Consent section of this form has been completed.

Primary Beneficiary								
1.	Name <input style="width: 95%; height: 20px;" type="text"/> Full Address <input style="width: 95%; height: 20px;" type="text"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 33%; border: none;">Relationship <input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 33%; border: none;">Social Security Number <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td style="border: none;">Percent <input style="width: 95%; height: 20px;" type="text"/></td> <td colspan="2" style="border: none;"></td> </tr> </table>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Relationship <input style="width: 95%; height: 20px;" type="text"/>	Social Security Number <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	Percent <input style="width: 95%; height: 20px;" type="text"/>		
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Please enter any additional notes or instructions:

Continue form on following page for contingent beneficiary, signature and optional spousal consent

Contingent Beneficiary (optional)

1.	Name _____	Date of Birth □ / □ / □	Social Security Number □ - □ - □
	Full Address _____	Relationship _____	Percent _____
2.	Name _____	Date of Birth □ / □ / □	Social Security Number □ - □ - □
	Full Address _____	Relationship _____	Percent _____
3.	Name _____	Date of Birth □ / □ / □	Social Security Number □ - □ - □
	Full Address _____	Relationship _____	Percent _____
4.	Name _____	Date of Birth □ / □ / □	Social Security Number □ - □ - □
	Full Address _____	Relationship _____	Percent _____
5.	Name _____	Date of Birth □ / □ / □	Social Security Number □ - □ - □
	Full Address _____	Relationship _____	Percent _____

Print Name

Last 4 digits of SSN

Participant Signature

Date

Spousal Consent

Complete the following Spousal Consent section if you are married and you are not designating your spouse as your sole primary beneficiary.

I hereby consent to the designation of the beneficiary(ies) listed on this document, and acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit, or portion of it, to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse Name (please print)

Participant's Spouse (please sign)

Notary Statement:

Date

STATE _____ COUNTY _____
I, _____, a Notary Public attest that
_____ appeared before me on this
_____ day of _____, 20____ and affixed their
signature to the following statement

Notary ID#

Commission Expiration Date