



## DESIGNATION OF BENEFICIARY FORM

Plan Number: T.M. Cobb/Haley Bros. Inc. 401(k) Plan

Employee Name: \_\_\_\_\_ Plan Number: 85634

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Marital Status:  Single  Married

### Primary Beneficiary(ies)

*The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.*

I hereby designate the following person(s) as primary Beneficiary(ies) of my Account under the Plan payable in the event of my death.

Full Name	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

### Contingent Beneficiary(ies)

*Contingent Beneficiary(ies) will only receive benefits if all designated primary Beneficiaries die before you. The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.*

If there are no living primary Beneficiaries at my death, I hereby designate the following person(s) as contingent Beneficiary(ies) of my Account.

Full Name	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

## **Signatures**

I understand that if there is no designated Beneficiary upon my death, payment of my Account shall be made to my surviving spouse, or, if none, my estate. I reserve the right to revoke or change any Beneficiary designation. By designating the Beneficiary(ies) above, I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

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**Participant**

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**Date**

## **Consent of Spouse**

*Consent is only required if contingent Beneficiary(ies) are listed.*

I acknowledge that I am the spouse of the Participant names on this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation: *(Choose a or b)*

- (a) I understand I must sign a new consent to the new designation for it to be effective.
- (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent this \_\_\_\_\_ day of , \_\_\_\_\_.

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**Signature of Participant's Spouse**

## **Notary Public**

*Only required if Participant's spouse is not listed as a Beneficiary.*

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me appeared \_\_\_\_\_ who acknowledged herself/himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

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Notary Public

My Commission Expires: \_\_\_\_\_