

Plan Name: SMC 401(k)

Plan Number: 24712

Social Security Number _____ - _____ - _____

Participant Information

Note: The accompanying instructions are an integral part of this form and you should use them to assist you.

Name:

Last First Middle Initial

Address:

Street

City State Zip

Marital Status: Single Married

Primary Beneficiary

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: _____

Name: _____

Social Security Number: _____

Social Security Number: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Relationship to Participant: _____

Relationship to Participant: _____

Percentage: _____

Percentage: _____

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.

Contingent Beneficiary

In the event that there are no living primary Beneficiary at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: _____

Name: _____

Social Security Number: _____

Social Security Number: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Relationship to Participant: _____

Relationship to Participant: _____

Percentage: _____

Percentage: _____

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.

Signatures

I reserve the right to revoke or change any Beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

(NOTE: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.)

Please return this form to the Plan Administrator after you have completed it.

PARTICIPANT _____

DATE _____