

Alko Distributors, Inc. 401(k) Plan

BENEFICIARY DESIGNATION FORM

This form should be kept on file at the plan sponsor's location

1. EMPLOYEE INFORMATION:

Name (Last, First, MI): \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

[ ] Original Designation [ ] Change Designation Marital Status: [ ] Single [ ] Married

2. BENEFICIARY INFORMATION:

I name to following person(s) or institution to receive any benefits that may become payable upon my death.

Beneficiary Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Contingent Beneficiary Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

3. EMPLOYEE SIGNATURE:

If you do not designate a beneficiary, your beneficiary will be your spouse if you are married. If you are not married and you do not designate a beneficiary, your beneficiary will be your estate.

\_\_\_\_\_  
Your Signature Date

4. SPOUSE'S CONSENT (NOT REQUIRED IF DESIGNATING SPOUSE AS BENEFICIARY):

If you are married and have named SOMEONE OTHER THAN YOUR SPOUSE as primary beneficiary, your spouse must consent by signing this form, and your spouse's signature must be signed in the presence of a notary public. Your spouse's consent cannot be revoked. If you wish in the future to change your primary beneficiary to someone other than your spouse, you must fill out a new form and again obtain your spouse's consent.

I, the legal spouse of the above named employee, hereby consent to the beneficiary designation above. I understand that because of my consent, in the event of my spouse's death, I may not be entitled to survivor benefits under the plan.

\_\_\_\_\_  
Spouse's Signature Date

Notary Public Acknowledgment

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_, before me, \_\_\_\_\_ the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me, on the basis of satisfactory evidence, to be the person whose name is subscribed to within instrument, and acknowledge that \_\_\_\_\_ he executed it.

WITNESS, my hand and official seal.

\_\_\_\_\_  
Official seal: Signature Notary Public

\_\_\_\_\_  
Name (Please Print)