

HODGE COMPANY EMPLOYEE RETIREMENT SAVINGS PLAN

INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

These instructions will assist you in properly completing the DESIGNATION OF BENEFICIARY and SPOUSAL CONSENT form. You may want to consult with a professional tax or estate advisor before completing this form.

Note: If you are married, and you name someone other than your spouse as a beneficiary, your online beneficiary designation is not effective unless you complete the attached DESIGNATION OF BENEFICARY form, and your spouse completes the attached SPOUSAL CONSENT FORM within thirty (30) days. Also, if you are married and your most recent online beneficiary designation names someone other than your spouse as beneficiary, your death benefits will be paid according to the most recent valid written DESIGNATION OF BENEFICIARY form (and SPOUSAL CONSENT) on file. It is important that you promptly submit a new DESIGNATION OF BENEFICIARY and SPOUSAL CONSENT form each time you name a beneficiary other than your spouse online.

Instructions

- To designate one person, insert the name and appropriate information in the spaces provided. If your beneficiary is not related to you, show relationship as "Friend."
- If you wish to name your estate, insert "Estate" in the blank space.
- Show a member of a religious order in this manner: *Mary L. Jones, niece, known in religious life as Sister Mary Agnes.*
- It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If you name a person who is a permanent resident of a foreign country, you must furnish that person's full address, including country.
- If you wish to designate a trust as your beneficiary:
 - insert the name of the trustee and trust in the blank space using language substantially as follows:
To (FILL IN TRUSTEE NAME) as Trustee, or its successor Trustee, of the Bruce E. Roberts Trust dated the 26th day of May, 2000, including any amendments to the Trust
 - you must provide the Plan Sponsor with a copy of the trust document
 - the trustee of your trust must also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death. The Plan Administrator will provide you or the trustee with the additional forms you must complete.
- If you find the DESIGNATION OF BENEFICIARY form is not suitable for your needs, contact the Plan Administrator. Note that the Plan Administrator has the right to refuse or reject a beneficiary designation that is overly complex in its discretion.
- Here is an example of how to complete the beneficiary designation:

Primary Beneficiary(ies)

Primary Beneficiary(ies) Name and Address	Social Security Number	Relationship	Date of Birth	Percentages (total must equal 100%)
Name: <u>John Doe</u> Address: <u>1234 Main Street, Anytown, Iowa 52004</u>	000-00-0000	Father	01/01/1950	<u>80%</u>
Name: <u>Bill Smith</u> Address: <u>010 Maple Ave., Stonetown, Michigan 44444</u>	000-00-0000	Brother	12/31/1980	<u>20%</u>
Name: _____ Address: _____				_____%

Contingent Beneficiary(ies)

Contingent Beneficiaries will only receive benefits if no Primary Beneficiaries are surviving

Contingent Beneficiary(ies) Name and Address	Social Security Number	Relationship	Date of Birth	Percentages (total must equal 100%)
Name: <u>Polly Ester</u> Address: <u>99 Bellevue Way, Apt. 1A, Littleburg, Iowa 52004</u>	000-00-0000	Aunt	05/06/1960	<u>100%</u>

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DESIGNATION OF BENEFICIARY

Participant Name: _____

Participant Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Social Security Number: _____ **Marital Status:** **Single**
 Married

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Account Balance under the Plan payable by reason of my death.

Primary Beneficiary(ies)

Primary Beneficiary(ies) Name and Address	Social Security Number	Relationship	Date of Birth	Percentages (total must equal 100%)
Name: _____ Address: _____				_____ %
Name: _____ Address: _____				_____ %
Name: _____ Address: _____				_____ %

Contingent Beneficiary(ies) - *Contingent Beneficiaries will only receive benefits if no Primary Beneficiaries are surviving.*

Contingent Beneficiary(ies) Name and Address	Social Security Number	Relationship	Date of Birth	Percentages (total must equal 100%)
Name: _____ Address: _____				_____ %
Name: _____ Address: _____				_____ %
Name: _____ Address: _____				_____ %

- *Effect of marriage.* If you are married, and you named someone other than your spouse as your sole primary beneficiary, your spouse must consent to your designation by completing the attached Spousal Consent Form.
- *Effect of divorce.* A divorce decree automatically revokes a designation of your spouse as a beneficiary, unless a domestic relations order provides otherwise.
- *Effect of prior beneficiary designations.* By submitting this form, you agree that all prior primary and contingent beneficiary designations are revoked.

By signing this Designation of Beneficiary form, you represent that:

- **The Plan will pay all sums payable under the Plan upon my death to the primary beneficiary(ies), if survived by me.**
- **If no primary beneficiary(ies) survive my death, payment will be made to the contingent beneficiary(ies).**
- **If no designated beneficiary survives me, then the Plan will pay all such amounts in accordance with the Plan terms.**
- **I understand that, unless I have provided otherwise above, the Plan will pay all sums payable to more than one beneficiary equally to the living beneficiaries.**

Signature of Participant

Date

Note: This Designation of Beneficiary is invalid without the consent of your spouse unless your spouse is the sole primary beneficiary or, under a prior beneficiary designation, your spouse waived the right to consent to any change in your beneficiary designation.

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SPOUSAL CONSENT TO DESIGNATION OF BENEFICIARY

I, the undersigned spouse of the Participant named in the foregoing "Designation of Beneficiary," hereby certify I have read and understand the Designation of Beneficiary as completed by my spouse (the Participant). I understand the property subject to the Designation of Beneficiary is my spouse's account balance under the Plan. I also understand that if my spouse predeceases me, my spouse's entire account in the Plan will become my property unless I give my written consent below for the account to pass to another beneficiary. Being fully satisfied with the provisions of the Designation of Beneficiary, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. I understand that my consent is irrevocable unless my spouse changes the Designation of Beneficiary. I understand that if my spouse changes the Designation of Beneficiary to someone other than me (the spouse) as the sole primary beneficiary, I must execute and file with the Plan Administrator a similar consent to the new Designation of Beneficiary or the Participant's new Designation of Beneficiary is ineffective and I will be the sole primary beneficiary.

Note: Your signature must be witnessed by a Notary Public

Signature of Participant's Spouse

Print Name – Participant's Spouse

SIGNED this _____ day of _____, 20_____.
(day of the month) (month)

Witness by Notary.

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above spouse's consent as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20_____.

(SEAL)

Notary Public _____

My Commission expires: _____