

**Beneficiary Form**  
(Subject to Joint and Survivor Rules)

**Lee Mechanical Contractors, Inc. 401(k) Salary Reduction Plan & Trust**

**661731**

Employee Full Name (please print)	Social Security Number
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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 contingent beneficiaries of my account balance under the Plan payable by reason of my death.

Beneficiary Designation	<u>Primary Beneficiary Name(s)</u>	<u>Percent</u>	<u>Relationship</u>	<u>Social Security Number</u>
	_____	_____ %	_____	_____
	_____	_____ %	_____	_____
	_____	_____ %	_____	_____
	<u>Contingent Beneficiary Name(s)</u>	<u>Percent</u>	<u>Relationship</u>	<u>Social Security Number</u>
	_____	_____ %	_____	_____
	_____	_____ %	_____	_____
	_____	_____ %	_____	_____

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary. If no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. Note: The validity of your beneficiary designation under the law is your responsibility. Be precise and clear. Please seek legal counsel, if necessary, to insure that your wishes will be followed upon your death and/or for specific wording regarding naming a trust as beneficiary.

Note: The Plan provides that a divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a beneficiary, unless the decree or a qualified domestic relations order provides otherwise.

**Marital Status**       I am married. If my spouse is not the sole primary beneficiary of my account balance, my spouse will need to complete the Consent of Spouse section of this form.

I am not married.

**Prior to the commencement of benefits.** Unless your spouse consents to the beneficiary designation, the beneficiary designation is invalid with respect to the payment of the preretirement survivor annuity portion (50%) of your account balance. Accordingly, the Plan will pay the 50% preretirement survivor annuity to your surviving spouse and then will pay your remaining vested account balance to your designated beneficiary. Your beneficiary designation will remain in effect until the date the Plan begins to pay you benefits. If your spouse intends to waive the preretirement annuity portion (50%) of your account balance the waiver of Preretirement Survivor Annuity Form must be signed. This waiver can be made no earlier than the Plan Year proceeding your 35<sup>th</sup> birthday. See your Plan Administrator for this form.

**When benefits commence.** The Plan will pay your vested account balance in the form of a joint and 50% survivor annuity unless you and your spouse (if married) consent to an alternative form of payment. If you (with spousal consent) receive a lump sum distribution, a new beneficiary designation is unnecessary because you will not have an account balance in the Plan after the lump distribution. However, if you select an installment or an annuity (other than a joint and 50% survivor annuity) form of distribution, you must obtain your spouse's consent if you wish for the Plan to pay your potential death benefit to a person(s) other than your spouse. If you elect an installment or annuity form of distribution, you, with spousal consent, will need to execute a new beneficiary form within the 90-day period preceding the actual date the Plan starts paying you benefits. You may not use your prior beneficiary designation because your spouse did not consent to that beneficiary designation within the 90-day period prior to the date the Plan started paying you benefits.

**Employee Signature**      I understand that I will need to file a new Beneficiary Form if I want to change my beneficiary or if my marital status changes. I understand the Beneficiary Designation is invalid without the consent of my spouse unless my spouse is the sole primary beneficiary of my account balance. I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of primary beneficiaries and contingent beneficiaries.

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer Signature**      As an authorized signer for the Plan, I acknowledge the receipt of this Beneficiary Form.

**Employer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Consent of Spouse**

I, the undersigned spouse of the Participant named in the foregoing "Beneficiary Designation," hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation is my spouse' account balance under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation I understand I must file a similar consent to the new designation, or my consent is no longer effective.

I have executed this consent on \_\_\_\_\_.

\_\_\_\_\_  
Signature of spouse of participant

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Notary Seal:

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_, who executed the above Spousal Consent as a free and voluntary act. IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal on \_\_\_\_\_.

Notary Signature \_\_\_\_\_

My commission expires: \_\_\_\_\_