

# D.M.H. Electric, Inc. Employee Stock Ownership Plan

## Designation of Beneficiary

TO THE PLAN ADMINISTRATOR:

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations which I have made under the plan. Benefits will be paid to my primary beneficiary(ies) if living. Benefits will be paid to my contingent beneficiary(ies) only if no primary beneficiary survives me.

I am single. If I do marry, I will inform the Plan Administrator of the change in my marital status.

I am married. (select one below)

I am designating my spouse as primary beneficiary for my entire vested balance.

I am not designating my spouse as my primary beneficiary for my entire vested balance. My spouse must consent in writing to the naming of alternate primary beneficiary(ies). The Spousal Consent section of this form has been completed.

### Primary Beneficiary

	Name	Date of Birth	SSN (last 4)
1.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Full Address	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Full Address	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Full Address	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Full Address	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Full Address	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enter any additional notes or instructions:

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Continue form on following page for contingent beneficiary, signature and optional spousal consent

**Contingent Beneficiary (optional)**

1.	Name [ ] Full Address [ ]	Date of Birth [ ] Relationship [ ]	SSN (last 4) [ ] Percent [ ]
2.	Name [ ] Full Address [ ]	Date of Birth [ ] Relationship [ ]	SSN (last 4) [ ] Percent [ ]
3.	Name [ ] Full Address [ ]	Date of Birth [ ] Relationship [ ]	SSN (last 4) [ ] Percent [ ]
4.	Name [ ] Full Address [ ]	Date of Birth [ ] Relationship [ ]	SSN (last 4) [ ] Percent [ ]
5.	Name [ ] Full Address [ ]	Date of Birth [ ] Relationship [ ]	SSN (last 4) [ ] Percent [ ]

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 4 digits of SSN

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Spousal Consent**

Complete the following Spousal Consent section if you are married and you are not designating your spouse as your sole primary beneficiary.

I hereby consent to the designation of the beneficiary(ies) listed on this document, and acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit, or portion of it, to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

\_\_\_\_\_  
Spouse Name (please print)

\_\_\_\_\_  
Participant's Spouse (please sign)

Notary Statement:

\_\_\_\_\_  
Date

STATE \_\_\_\_\_ COUNTY \_\_\_\_\_  
I, \_\_\_\_\_, a Notary Public attest that  
\_\_\_\_\_ appeared before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ and affixed their  
signature to the following statement

\_\_\_\_\_  
Notary ID#

\_\_\_\_\_  
Commission Expiration Date