

DESIGNATION OF BENEFICIARY

THIS FORM MUST BE COMPLETED UPON HIRING!

Power Component Systems 401k Plan

I, _____, a Participant in the above plan, do hereby designate the following person(s) as my beneficiary(ies) to receive any plan proceeds payable in the event of my death except amounts payable under any insurance or annuity contracts to a beneficiary(ies) which is other than the Plan or its Trustees. The death benefits payable from the Plan may be distributed in any manner except for amounts required to be paid to my spouse under the terms of the Retirement Equity Act, or to my spouse or any other person pursuant to a Qualified Domestic Relation Order issued in accordance with the requirements of the Retirement Equity Act.

PRIMARY BENEFICIARY: (IF MARRIED, MUST BE SPOUSE UNLESS WAIVER IS SIGNED)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>
(1) _____	_____	_____

CONTINGENT BENEFICIARY:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>
(1) _____	_____	_____
(2) _____	_____	_____

This beneficiary designation form revokes any prior designation or election. I reserve the right to change this designation in the future by written notice satisfactory to the Trustees. That notice shall only be effective upon its receipt by the Trustees prior to my death.

Dated this _____ day of _____, 20_____.

Witness Signature

Participant Signature

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If you are married and have not listed your spouse as the First Designated Beneficiary, please have your spouse complete and sign the certification below

CERTIFICATION

I, _____, legal spouse of _____, hereby understand and agree to the election made within this Designated Beneficiary Form. I further understand that I am bound by the terms described under such election and I fully understand the effect of waiving myself as the First Designated Beneficiary.

SPOUSE

PLAN ADMINISTRATOR/NOTARY PUBLIC