

Beneficiary Designation Form

Case Number: 294-80299
MID ATLANTIC HOME HEALTH 401(K) RETIREMENT PLAN

BENEFITS 21 LLC

This form is used to designate the payment of your account balance upon your death. Follow these easy steps.

Social Security Number: _____ Name: _____
Last First MI

STEP ONE: Enter Primary Beneficiary Information.

Percentages must total 100%.

If you are married, your spouse must be the sole primary beneficiary unless your spouse approves otherwise and signs the waiver below.

Last Name _____ First Name _____ Relationship _____

Address _____ Percentage ____%

Last Name _____ First Name _____ Relationship _____

Address _____ Percentage ____%

STEP TWO: Enter Contingent Beneficiary Information.

Percentages must total 100%.

In the event that your primary beneficiaries do not survive you, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

Last Name _____ First Name _____ Relationship _____

Address _____ Percentage ____%

Last Name _____ First Name _____ Relationship _____

Address _____ Percentage ____%

STEP THREE: Complete and Sign.

I certify that I am: Married Not Married Legally Separated

Participant Signature _____ Date _____

STEP FOUR: This section must be completed if your spouse is not the sole primary beneficiary.

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Name _____

Spouse Signature _____ Date _____

This consent must be witnessed by either a plan representative or a notary public.

STATE OF _____ COUNTY OF _____

I certify that before me personally appeared the above-named spouse who signed the above spousal consent and acknowledged the same to be his/her free act and deed.

Plan Representative or Notary Public

Date

Notary Public Commission expires: _____

(Notary Seal)

Return form to: YOUR HUMAN RESOURCE REPRESENTATIVE.