

Kent Companies, Inc.
Profit Sharing and 401(k) Savings Plan

Beneficiary Designation

Name: _____ SSN: _____

Married: No _____ Yes _____ Spouse's name _____
(See the Note on page 2 of this form.)

I am a participant in the Kent Companies, Inc. Profit Sharing and 401(k) Savings Plan (The "Plan"). By signing this form, I revoke any prior beneficiary designation and request that the beneficiaries named below receive any benefits payable from the Plan as a result of my death.

Primary Beneficiary(ies)

I designate the following as my primary beneficiary(ies) under the Plan:

| <u>Name of Primary Beneficiary(ies)</u> | <u>Relationship</u> | <u>% of Benefit</u> |
|---|---------------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand if I designate only one primary beneficiary and that beneficiary dies before my benefits are completely distributed, any remaining benefits will be paid to the successor beneficiary. However, if I designate more than one primary beneficiary and a primary beneficiary dies before my benefits are completely distributed; the deceased primary beneficiary's share will be distributed among that primary beneficiary's heirs.

Successor Beneficiary(ies)

If all of my primary beneficiaries predecease me, I designate the following as my successor beneficiary(ies) under the Plan:

| <u>Name of Secondary Beneficiary(ies)</u> | <u>Relationship</u> | <u>% of Benefit</u> |
|---|---------------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Continued on next page)

I understand if I designate only one successor beneficiary and that beneficiary dies before my benefits are completely distributed, any remaining benefits will be paid to the primary beneficiary's heirs. However, if I designate more than one successor beneficiary, and a successor beneficiary dies before my benefits are completely distributed, the deceased successor beneficiary's share will be distributed among that successor beneficiary's heirs.

If I am unmarried at the time of completion of this form and become married in the future, I understand this form automatically ceases to apply and I need to file a new beneficiary form.

I understand that I may change the above designations at any time by filing a new beneficiary designation form with the plan administrator. I direct the Trustee to pay my benefits to the beneficiary or beneficiaries I have designated.

Dated: _____, 20____

Signature of Participant

Note to Married Participants: If you have named a primary beneficiary in addition to, or other than your spouse, your designation will not be effective unless your spouse signs the spouse's consent below. The spouse's signature must be witnessed by either a plan representative or notary public.

Spouse's Consent

I am the current spouse of the participant who has completed this Beneficiary Designation form. I understand that the participant has named an additional or different beneficiary and I consent in writing to the designation. I understand that I am under no obligation to give my written consent to the designation of an additional or different beneficiary. I further understand that no death benefit under the plan will be payable to me if I am not the primary beneficiary.

Dated: _____, 20____

Signature of Participant's Spouse

Witnessed by: