

1 Information About You

Name (First, M.I., Last): Social Security #:
 Home Telephone: () Work Telephone: () Ext. Marital Status: Married Single

Note: When your marital status changes, you must notify your Plan Administrator of that change and should complete a new Beneficiary Designation worksheet. If you are married and designating a beneficiary other than your spouse, please read the Notice on the back of this worksheet. Your vested account balance may be made payable to your estate, if you do not complete this worksheet before your death.

2 Participant's Beneficiary Designation(s)

List your beneficiary(ies) in the spaces provided below, and check either the "Primary" or "Contingent" box on the right to specify the type of beneficiary you are designating. At least one primary beneficiary must be selected. The percentages of your primary beneficiaries must total 100%. If you designate any contingent beneficiaries, the percentages for those beneficiaries must also total 100%. If no percentage is indicated, the co-beneficiaries will share equally. If any beneficiary dies before you, the remaining co-beneficiaries will share equally. For more information, see the Definitions and Important Information section.

Beneficiary Name (First, M.I., Last): Relationship: Primary Contingent
 Social Security #: Home Telephone: () Date of Birth:
 Street Address:
 City/Town: State: Zip: U.S. Citizen: Yes No
 This Beneficiary's Share: %

Beneficiary Name (First, M.I., Last): Relationship: Primary Contingent
 Social Security #: Home Telephone: () Date of Birth:
 Street Address:
 City/Town: State: Zip: U.S. Citizen: Yes No
 This Beneficiary's Share: %

Beneficiary Name (First, M.I., Last): Relationship: Primary Contingent
 Social Security #: Home Telephone: () Date of Birth:
 Street Address:
 City/Town: State: Zip: U.S. Citizen: Yes No
 This Beneficiary's Share: %

Beneficiary Name (First, M.I., Last): Relationship: Primary Contingent
 Social Security #: Home Telephone: () Date of Birth:
 Street Address:
 City/Town: State: Zip: U.S. Citizen: Yes No
 This Beneficiary's Share: %

Must Total 100%

3 Notice

The Plan states that upon your death, your spouse has the right to receive 100% of your vested account balance. The portion of your vested account balance that is automatically designated to your spouse, as indicated in the previous sentence, may be designated to someone other than your spouse if your spouse consents to the election.

You can designate a non-spousal beneficiary. However, your spouse must provide written consent to this designation and thereby waive his or her rights to the benefit by completing the Spouse's Consent sections below. Generally, your spouse's consent is valid only for the beneficiary designation for which it was given. If you make any subsequent designations to someone other than your spouse, you may need to obtain your spouse's consent to those designations as well.

You may revoke your decision without your spouse's consent. Generally, your spouse's consent to waive his or her rights to the benefit is irrevocable.

I have received and read the Notice section above, and understand the terms and conditions. I state that I designate as beneficiary (or beneficiaries) the person (or persons) named above. I will inform the Plan Administrator immediately of any change in my marital status. I certify that the information above is accurate and complete.

Participant's
Signature:

Date:

4 Spouse's Consent

PLEASE READ THE ABOVE NOTICE PRIOR TO COMPLETING THIS SECTION. When you consent to one of these elections, you must also have your signature notarized. Select one of the following:

- I consent to my spouse's election to waive the requirement that I be the primary beneficiary of his or her vested account balance and designate any beneficiary (aka "general consent").
- I consent to my spouse's beneficiary designations as indicated in the section entitled "Participants Beneficiary Designation(s)."

I am the legal spouse of the above-named participant. I have received and read the Notice section above and understand the terms and conditions of the notice. I hereby waive my right to my spouse's vested account balance and consent to my spouse's beneficiary designations indicated above.

Spouse's
Signature:

Date:

Signature of
Notary Public:

Date:

5 Definitions and Important Information

Primary Beneficiary: This is the individual(s) that you would like to receive payment in the event of your death.

Contingent Beneficiary: You are not required to name a Contingent Beneficiary(s). Payment to your Contingent Beneficiary(s) will only occur if your Primary Beneficiary(s) is no longer living at the time of your death.

Special Note:

Your Beneficiary Designation is an important feature of the Plan. It is recommended that you review your beneficiary elections on an annual basis or whenever you experience a "life-changing event," such as change in marital status, birth of a child, etc.

Please make a copy of this worksheet for your records and return the signed original to:

Florida Multiemployer 401(k) Plan
Florence Saint-Albin
Florida Health Administrators/FHA-TPA
PO Box 327810
Ft. Lauderdale, FL 33332
Phone: 800-707-0501