

Coastal Craftsmen Aluminum Employee Stock Ownership Plan Beneficiary Designation

Section A - Basic Participant Information

Name *(please print name above)*

Social Security #

Spouse's Name (if not married, indicate none)

Spouse Social Security #

Section B - Beneficiary Information (If you want to name more than one beneficiary, use additional forms)

First Primary Beneficiary Name

Relationship

Percentage

Street Address

City

State

Zip

Contingent Beneficiary Name (if primary beneficiary is not living)

Relationship

Percentage

Street Address

City

State

Zip

Section C - Spousal Consent (if you are not married, go to Section D)

(if married and you selected your spouse as beneficiary, go to Section D)

I understand that as the spouse of _____ I am entitled to receive death benefits under this plan. I also acknowledge that I understand that by consenting, I am giving up my right to the survivor's benefit provided under the plan and federal law. I hereby consent to the election by my spouse to the beneficiary named herein. I waive my rights to a spousal benefit only with respect to the beneficiary named on this form.

EXECUTED this _____ day of _____, 200_.

Spouse's Signature

WITNESSED BY _____ or _____ Seal

Plan Representative

Notary Public

Subscribed and sworn to before me this ____ day of _____, 200_.

Section D - Signatures - This designation will remain in force until a new form is filed.

Participant's Signature

Date

Signature of Plan Representative

Date

Employee Stock Ownership Plan Beneficiary Designation Instructions

Instructions for completing Beneficiary Designation form:

If you are not married, you may name any beneficiary you choose to receive your benefits, if any, under this plan. If you marry in the future, your spouse will automatically become your beneficiary under this plan unless you complete a new beneficiary form.

If you are married, federal law requires that your death benefits from the plan be paid to your spouse, unless your spouse consents to have death benefits paid to someone else.

To be sure that death benefits are paid as you want them to be, follow these guidelines:

1. If you are married, and want all death benefits paid to your spouse, you do not need your spouse to sign this form. You only need to list your spouse as the beneficiary.
2. If you are married and want death benefits paid to someone other than, or in addition to, your spouse, your spouse must sign the spouse's consent on this form. That signature must be witnessed by the Plan Representative or Notary Public.

Note: if your spouse is incompetent or cannot be located, have an affidavit to that effect executed and witnessed by a notary public or the plan representative.

3. You may name one or more contingent beneficiaries. Your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary(ies) dies before you die, or dies at the same time you do.

BE SURE YOU SIGN AND DATE THE FORM. Keep a copy of the form for your records, and return the original copy to your plan sponsor.

If your marital status changes, review your Beneficiary Designation to be sure it meets these requirements. If your name changes, notify your plan sponsor.