



Niagara Specialty Metals, Inc. Employee Stock Ownership Plan Beneficiary Designation Form

Name of Participant: _____

Date: _____ Date of Birth: _____

I hereby revoke any Beneficiary Designation I may previously have made under the above Plan and designate the following as my Beneficiary(ies) under the Plan (see attached sheet for examples of common beneficiary designation):

Primary Beneficiary(ies):

Name: _____

Address: _____

Share %: _____ Relationship: _____

Name: _____

Address: _____

Share %: _____ Relationship: _____

Name: _____

Address: _____

Share %: _____ Relationship: _____

If more than one person is designated above and all but one die, state whether survivor shall receive 100%: ☐ YES ☐ NO



In the event said primary Beneficiary(ies) does not survive, or dies before receiving full payment, the undistributed benefits shall be paid to the following named Contingent Beneficiary(ies):

Contingent Beneficiary(ies):

Name: _____

Address: _____

Share %: _____ Relationship: _____

Name: _____

Address: _____

Share %: _____ Relationship: _____

Name: _____

Address: _____

Share %: _____ Relationship: _____

If more than one person is designated above and all but one die, state whether survivor shall receive 100%: ☐ YES ☐ NO

Current marital status (check one):

☐ I **AM NOT** married. I understand that if I become married in the future, this form **automatically ceases** to apply and I should file a new Beneficiary Designation form.

☐ I **AM** married. If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on page 3 of this form. If consent of your spouse cannot be obtained (e.g., cannot be located, is incapacitated, etc.), contact the Company for information about possible alternatives.



I reserve the right to change my Beneficiary at any time by signing a new form and filing it with the Company. Neither this Designation nor any future change of Designation will be effective for any purpose unless filed with the Company prior to the death of the Participant. This Designation is subject to the terms of the Plan, which the Company has the right to amend at any time.

Signature of Participant: _____

FOR COMPANY USE ONLY

Received for filing on: _____

By: _____ Title: _____

CONSENT BY SPOUSE (Signature must be witnessed by Plan official or by notary public)

I certify that I am the spouse of the Participant named on page 1. I have read the form as completed and signed by my spouse. I hereby consent to the Designation of Beneficiary. I acknowledge that; to the extent anyone other than me is designated as Primary Beneficiary, I am waiving any rights that I may otherwise have to receive benefits under the Plan after my spouse's death.

Date: _____ Signature of Spouse: _____

Signature witnessed by: _____ Title: _____

Notary Seal (if applicable):

State of _____)
)ss.:
County of _____)

On the _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____ Notary Public

Examples of Common Beneficiary Designations

Example	Primary Beneficiary	Contingent Beneficiary
1	<u>One Beneficiary Only</u> Mary E. Jones – Spouse 2000 Ridge Avenue, Burlingame, CA 94010	
2	<u>Two Primary Beneficiaries</u> Rebecca T. Smith – Mother – 25% 205 First Street, Redwood City, CA 94063 David W. Smith – Father – 75% 205 First Street, Redwood City, CA 94063 Unequally, as shown, or the Survivor	
3	<u>Two Primary Beneficiaries</u> Rebecca T. Smith – Mother 205 First Street, Redwood City, CA 94063 David W. Smith – Father 205 First Street, Redwood City, CA 94063 Equally or the Survivor	
4	<u>Primary & Contingent Beneficiaries</u> Mary E. Jones – Spouse 2000 Ridge Avenue, Burlingame, CA 94010	<u>Primary & Contingent Beneficiaries</u> Edith B. Jones – Daughter Robert K. Jones – Son Or any children born subsequently of my present marriage Equally or the Survivor(s)
5	<u>Primary & Contingent Beneficiaries</u> Henry R. Jones – Husband 2000 Ridge Avenue, Burlingame, CA 94010	<u>Primary & Contingent Beneficiaries</u> Rebecca T. Smith – Mother 205 First Street, Redwood City, CA 94063