

**DESIGNATION OF BENEFICIARY  
FOR THE**

**THE NERLAND AGENCY TAX-DEFERRED SAVINGS PLAN**

Participant's Name (please print):
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Pursuant to the provisions of the The Nerland Agency Tax-Deferred Savings Plan permitting the designation of a beneficiary or beneficiaries by a Plan participant, I hereby designate the following person(s) or entities as primary and secondary beneficiaries of my total Plan benefit payable by reason of my death:

**Primary Beneficiary**

**Secondary Beneficiary**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

**I hereby revoke all prior beneficiary designations I have made with respect to this plan and reserve the right to revoke or change any beneficiary designation I make.**

The Trustee shall pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary shall survive me, then to the secondary beneficiary, and if no named beneficiary survives me, then the Trustee shall pay all amounts in accordance with the terms of the Plan.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

A Participant's spouse's consent is required if the Participant names an entity or person other than the spouse to receive any part of the Plan benefit payable upon the Participant's death. The spouse's consent must be voluntary and must be notarized or witnessed by a Plan representative. **If you are single, or you are married and named your spouse as the sole primary beneficiary, check here \_\_\_\_\_ and do not complete the remainder of this form.**

PLEASE NOTE: Special rules may apply to you if during your period of employment you reside in states which have enacted, or otherwise apply, community property laws. Accordingly, if the Plan Administrator or your employer receives written notice that a person other than the beneficiary you specify is claiming entitlement to amounts payable from the Plan, the Committee may take any action necessary to determine the persons entitled to such amounts, and payments from the Plan will be made accordingly. Additionally, if a Qualified Domestic Relations Order requires that a portion of your vested Plan benefit be paid to another person, the Plan will be obligated to pay such amounts in accordance with the order.

**The Nerland Agency Tax-Deferred Savings Plan  
Designation of Beneficiary**

**CONSENT OF SPOUSE**

I, the undersigned spouse of the Participant named on the above "Designation of Beneficiary," certify I have read the Designation of Beneficiary form. I understand that:

1. My spouse has named an entity or a person other than me to receive benefits from the Plan upon my spouse's death. These benefits may consist of community property in which I have an interest.
2. The designation of beneficiary other than me will cause some or all of any benefits that are payable from the Plan upon my spouse's death to be paid to the named beneficiary other than me.
3. If I do not voluntarily consent to my spouse's beneficiary designation, the designation will be invalid and I will receive any benefits that may be payable from the Plan upon my spouse's death.

I voluntarily consent to and join in the Beneficiary Designation made by my spouse, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation, I understand I must file a similar consent to the new designation or my consent is no longer effective.

\_\_\_\_\_  
Signature of Participant's Spouse

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me came \_\_\_\_\_ to be known and known to me to be the person described in and who executed the above statement and (s)he duly acknowledged to me that (s)he executed same.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State  
of \_\_\_\_\_ residing at

\_\_\_\_\_  
My Commission expires: \_\_\_\_\_