

BENEFICIARY DESIGNATION FORM

J & R SCHUGEL TRUCKING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Participant Information

Name: _____ Social Security Number: _____

Last _____ First _____ Initial _____

I am: Married Not Married

Name of Spouse:

Last _____ First _____ Initial _____

Primary Beneficiary – Upon my death, my interest in the Plan shall be paid first to my Primary Beneficiary if he/she survives me: (Check only one)

- 1. My spouse: _____, if my spouse survives me.
2. My descendants, per stirpes, who survive me. (The share of a deceased child will be distributed to the deceased child's children.)
3. My children who survive me in equal shares. (The children of a deceased child will not be entitled to their parent's share.)
4. My estate.
5. The Trustee under my last will: _____
6. Other: _____
Name Relationship

Contingent Beneficiary – If my Primary Beneficiary does not survive me, my interest in the Plan shall then be paid to my Contingent Beneficiary if he/she survives me: (Check only one)

- 1. My spouse: _____, if my spouse survives me.
2. My descendants, per stirpes, who survive me. (The share of a deceased child will be distributed to the deceased child's children.)
3. My children who survive me in equal shares. (The children of a deceased child will not be entitled to their parent's share.)
4. My estate.
5. The Trustee under my last will: _____
6. Other: _____
Name Relationship

Signature: If no designated beneficiary survives me, my undistributed interest shall be paid as provided in the Plan. I reserve the power to change, modify or revoke this designation in writing at any time before my death, with the consent of my spouse, if required.

PARTICIPANT _____ DATE _____
(If you are married and designate a primary beneficiary other than your spouse, your spouse must sign this form for it to be effective.)

Spousal Consent: (If required) As the Participant's spouse, I understand that I am entitled by law and under the Plan to receive the Participant's entire account balance if the Participant dies before receiving full payment of his or her account. I voluntarily elect to relinquish this right. I hereby consent to the above beneficiary designation, and I acknowledge that, by signing below, the Participant's entire account balance will be paid to the designated beneficiary and not to me. I further acknowledge that my consent is irrevocable unless the Participant revokes this beneficiary designation.

PARTICIPANT'S SPOUSE _____ DATE _____
(Signature must be notarized.)

Subscribed and sworn to before me on _____ Notary Public

The Participant's spouse cannot be located.

RECEIVED BY _____ DATE _____
(Plan Use Only)