



HIDDEN HALOS KINGDOM ASSETS INC.
NON-QUALIFIED PLAN

DESIGNATION OF BENEFICIARY

Participant Name: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_ Marital Status: ( ) Married ( ) Unmarried

1. Beneficiary designation

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my vested Account Balance under the Plan payable by reason of my death:

Primary Beneficiary(ies) [include address and relationship]:\*
Table with columns: Name, Address, Relationship

Contingent Beneficiary(ies) [include address and relationship]:\*
Table with columns: Name, Address, Relationship

\*Note to Participant:

- 1. Estate planning. You may wish to consult with a professional tax advisor before completing this form.
2. Effect of divorce. A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a beneficiary, unless a qualified domestic relations order provides otherwise.
3. Effect of marriage. See below regarding spousal consent requirements if you are married and wish to name someone other than your spouse as your sole primary beneficiary.
4. Trust beneficiary. If you name a trust as a beneficiary, the trustee also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death.

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Plan will 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 survives me, then to the contingent beneficiary, and if no such designated beneficiary survives me, then the Plan will pay all such amounts in accordance with the Plan terms.

2. Acknowledgement/Authorization

\_\_\_\_\_  
Date of this Designation

\_\_\_\_\_  
Signature of Participant

IF YOU ARE MARRIED, SEE THE NEXT PAGE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

NOTE: This Designation of Beneficiary is invalid without the consent of your spouse unless your spouse is the sole primary beneficiary or, under a prior beneficiary designation, your spouse waived the right to consent to any change in your beneficiary designation.



**CONSENT OF SPOUSE**  
[to non-spouse primary beneficiary]

I, the undersigned spouse of the Participant named in the foregoing "Designation of Beneficiary," hereby certify I have read and understand the Designation of Beneficiary. I understand the property subject to the Designation of Beneficiary is my spouse's account balance under the Plan. I also understand that if my spouse predeceases me, my spouse's entire account in the Plan will become my property unless I give my written consent below for the vested account balance to pass to another beneficiary. Being fully satisfied with the provisions of the Designation of Beneficiary, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. I understand that my consent is irrevocable unless my spouse changes the Designation of Beneficiary. I understand that if my spouse changes the Designation of Beneficiary to someone other than me (the spouse) as the sole primary beneficiary (*Spouse must choose one of (a) or (b) below*):

- (a)  **Additional consent required.** I must execute and file with the Administrator a similar consent to any new Designation of Beneficiary or the Participant's new Designation of Beneficiary is ineffective and I will be the sole primary beneficiary.
- (b)  **No additional consent required.** I waive my right to withhold my consent to any and all future changes my spouse makes to the Designation of Beneficiary. I understand that I have the right to limit my consent to the naming of the specific beneficiary in this Designation of Beneficiary by choosing (a) above.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**NOTE:** In order to consent, there must be a witness to spouse's consent by either a Plan Representative OR a Notary.

\_\_\_\_\_  
Print Name of Participant's Spouse

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

Witness by Plan Representative.  
Signature of spouse witnessed this \_\_\_\_\_

\_\_\_\_\_  
Signature of Plan Representative

**OR**

Witness by Notary.

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

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

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above spouse's consent as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

Notary Public \_\_\_\_\_

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