

BENEFICIARY DESIGNATION FORM

SUNSTONE ORGANICS, LLC 401K PLAN

YOUR INFORMATION

Please type or print clearly

Last Name

First Name

M.I.

____-____-____

Social Security Number (SSN)

If this beneficiary designation form is not completed, either a prior designation or the plan document will govern the distribution of any death benefit. No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

BENEFICIARY #1

	Name	Date of Birth	Relationship	SSN	Percent
Primary #1	_____	_____	_____	_____	_____
Address	_____				
Email	_____	_____	Phone number	_____	_____

If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).

Secondary	_____	_____	_____	_____	_____
Secondary	_____	_____	_____	_____	_____

BENEFICIARY #2

	Name	Date of Birth	Relationship	SSN	Percent
Primary #2	_____	_____	_____	_____	_____
Address	_____				
Email	_____	_____	Phone number	_____	_____

If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).

Secondary	_____	_____	_____	_____	_____
Secondary	_____	_____	_____	_____	_____

BENEFICIARY #3

	Name	Date of Birth	Relationship	SSN	Percent
Primary #3	_____	_____	_____	_____	_____
Address	_____				
Email	_____		Phone number	_____	

If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).

Secondary	_____	_____	_____	_____	_____
Secondary	_____	_____	_____	_____	_____

CONSENT

If you are currently married and have named any primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary designation form.

I consent to the beneficiary designation above: _____
Signature of Participant's Spouse Date

This instrument was signed before me on _____, _____
Date Plan Representative or Notary Public

SIGNATURE

I understand that the beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.

Employee Signature _____ Printed Name _____ Date _____

***** (Plan Sponsor: Keep this completed form in employee's personnel file.)

