

BENEFICIARY DESIGNATION

TO BE COMPLETED BY PARTICIPANT AND RETURNED TO:

Moran Knobel
10900 NE 8th Street, Suite 1310
Bellevue, WA 98004

I HEREBY APPLY FOR PARTICIPATION IN THE COMPANY'S RETIREMENT PLAN(S) AND ACKNOWLEDGE RECEIPT OF THE SUMMARY PLAN DESCRIPTION OF THE PLAN(S) AND DO FURTHER AGREE TO ABIDE BY ALL OF THE RULES AND REGULATIONS SET FORTH BY THE PLAN(S).

Plan Name

Participant's Name

Address

Social Security Number

Instructions:

You may specify one or more individuals or trusts to receive any benefits that may become payable under the Plan on account of your death. If a primary beneficiary survives you, payment will be made to your primary beneficiary; if not, payment will be made to your surviving secondary beneficiary.

If any beneficiary is a trust, please indicate the name and address of the trustee and the date of the trust.

You may change your beneficiary at any time by executing a new designation.

The execution of this form and delivery thereof to the Plan Administrator revokes all prior beneficiary designations that I have made.

PARTICIPANT SIGNATURE

Signature

Date

If you are married, please see the reverse side.

1. PRIMARY BENEFICIARY

I hereby designate as my primary beneficiary the person or persons listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated; if no percentage is indicated, I intend that all of the surviving persons listed shall receive equal portions (i.e. shall be joint tenants with rights of survivorship).

Name Relationship Birthdate

Address

Name Relationship Birthdate

Address

Your spouse must sign the consent portion of this form, in the presence of a notary public, if you specify anyone other than your spouse as your primary beneficiary.

2. SECOND BENEFICIARY

If no person listed in part 1 survive me, I hereby designate as my beneficiary the person or persons listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated; if no percentage is indicated, I intend that all of the persons listed who survive me shall receive equal portions.

Name Relationship Birthdate

Address

Name Relationship Birthdate

Address

3. SPOUSAL CONSENT

I hereby consent to the designation of the primary beneficiary or beneficiaries listed above. I understand that by giving this consent, I will cause my spouse's death benefit to be paid to a beneficiary other than me and waive any community property claim. Such designation is not valid unless I consent to it and my consent is irrevocable unless my spouse revokes it.

Signed: _____ Date: _____
Participant's Spouse

Notary: _____

NOTICE OF PRE-RETIREMENT SURVIVOR ANNUITY

(For Married Participants)

As a Participant in the Plan and Trust, the law requires that you be informed as to the disposition of your account balance upon your death or before retirement.

In the case of your death prior to retirement, the Plan will use 100% of your account balance to purchase a survivor annuity for your spouse. This annuity form of payment will provide your spouse with a series of monthly payments over his or her life, and will contain other appropriate annuity options.

However, beginning with the first day of the Plan Year in which you attain age 35 (or upon termination if you are under age 35), you may elect to waive the requirement that your death benefits be paid to your spouse in the form of an annuity.

Your spouse must consent in writing to any waiver that you elect. You may revoke the waiver any time before your death, and, if you desire, make a new election.

It is important that you and your spouse understand your rights and obligations concerning your death benefit. You should direct any questions you have to your Plan Administrator. Also, because a spouse has certain rights to the death benefit, you should immediately inform the Administrator of any change in your marital status.

PARTICIPANT PRE-RETIREMENT SURVIVOR ANNUITY WAIVER

As a Participant in the Plan and Trust, I hereby acknowledge that I have been informed by the Plan Administrator that if I should die prior to my retirement, the death benefit under the Plan will be paid to my spouse in the form of an annuity over the life of my spouse; that I have the right to waive the form of an annuity only if my spouse consents in writing to such waiver; and that I have the right to revoke such waiver which may be made by me at any time without my spouse's consent.

I would like my spouse to remain my beneficiary but I hereby waive my right to have death benefits paid in the form of an annuity over the life of my spouse. Benefits to my spouse shall instead be payable in the lump sum or other installment plan over a period chosen by my spouse upon my death.

EXECUTED this _____ day of _____, 20_____.

Participant

SPOUSAL CONSENT TO WAIVER

I hereby consent to the foregoing election made by my spouse to waive the pre-retirement survivor annuity.

EXECUTED this _____ day of _____, 20_____.

Participant's Spouse

Witness (Plan Representative or Notary Public.)