

SEGMARK, INC.
EMPLOYEE DIRECTED SALARY DEFERRAL 401(K) PLAN ENROLLMENT FORM

DESIGNATION OF BENEFICIARY - TOTALS MUST EQUAL 100%

In the event of your death, the Plan provides that your account balance will be paid to your *Designated Beneficiary*. If you have more than one primary beneficiary, your vested account balance will be divided as you specify below. Should a beneficiary predecease you, his/her share of the assets will be reallocated proportionately to surviving primary beneficiaries. Contingent beneficiaries receive benefits only if there is no surviving primary beneficiary. Should a contingent beneficiary predecease you, their share of the assets will be reallocated proportionately to surviving contingent beneficiaries.

If you are married at the time of your death, your spouse will automatically be the beneficiary of your death benefit, unless you have specifically elected otherwise. In order for such an election to be valid, your spouse must irrevocably consent to the election. The designation must specify the non-spousal beneficiary(ies), and your spouse's consent must be witnessed by a Notary Public.

Primary Beneficiary

Name: _____ Relationship: _____ Date of Birth: _____ % of Benefits: _____
Name: _____ Relationship: _____ Date of Birth: _____ % of Benefits: _____
Name: _____ Relationship: _____ Date of Birth: _____ % of Benefits: _____

Contingent Beneficiary

Name: _____ Relationship: _____ Date of Birth: _____ % of Benefits: _____
Name: _____ Relationship: _____ Date of Birth: _____ % of Benefits: _____
Name: _____ Relationship: _____ Date of Birth: _____ % of Benefits: _____

Execution and Certification of Marital Status – Please check the appropriate box and sign below.

- Unmarried Participants.** I certify that I am not married, I have no spouse, or my spouse cannot be located. I designate as beneficiary the person(s) named above. However, if I hereafter marry, this will revoke the designation and my spouse shall be my beneficiary. I will immediately inform the Plan Administrator of any change in my marital status.
- Married Participants.** I certify that I am married to the person who has completed the spouse's consent below. I designate as beneficiary the person(s) named above. I understand that any designation of a beneficiary other than my spouse will not be effective unless the Spouse's Consent is completed below. I will immediately inform the Plan Administrator of any change in my marital status.

Participant Signature _____
Date

Spouse's Consent

I hereby consent to the election made by my spouse to have the Plan's death benefit paid to a beneficiary other than me. The Plan's death benefit has been explained to me, and I acknowledge that I understand (1) that the effect of such election is to cause my spouse's death benefit to be paid to beneficiary other than me; (2) that the beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse Signature _____
Date

On the _____ day of _____, 20____, before me personally came _____,
Known to me to be the individual described, and who has acknowledged to me that he/she executed the foregoing document.

_____, 20____
Signature of Notary Public Notary public of My Commission Expires