

OLDCASTLE MOUNTAIN MATERIALS GROUP

401(k) Retirement Plan

BENEFICIARY DESIGNATION

Oldcastle Mountain Materials Group Plan (Plan ID # 766951)

General Information

- If you are married and your beneficiary is your legal spouse, you do not need to complete this section.
- If you are married and are not naming your spouse as your primary beneficiary, you must complete this form and your spouse must consent to your designation by signing this form in front of a notary public
- If you are single, you must fill out this Beneficiary Designation form.
- You must complete a new Beneficiary Designation Form if your marital status changes. If you are married and you wish to designate a primary beneficiary other than your spouse, you must also complete a new Beneficiary Designation Form upon attaining age 35 UNLESS ALL of the following four conditions are met:
 - (1) Your plan provides that 100% of your account balance is payable to your spouse upon your death,
 - (2) Your spouse has previously consented to your designation of any current or future non-spouse beneficiary,
 - (3) You have never received a life annuity payment from the plan, AND
 - (4) No portion of your account is subject to the survivor benefit rules (see plan administrator for details).
- If you are married AND designating a non-spouse beneficiary for a pre-retirement or post-retirement benefit, you may need to complete a Qualified Pre-Retirement Survivor Annuity Waiver and Spousal Consent Form.

Participant's Beneficiary Designation

Participant's Name _____ Participant's Social Security # _____

List your beneficiary (or beneficiaries), and the percentage of your benefit payable to each, below. If no percentage is indicated, the beneficiaries will share equally. If any beneficiary dies before you, the remaining beneficiaries will share proportionally. If you need additional space to list beneficiaries, check this box and attach an additional sheet.

Primary Beneficiary	Relationship	Date of Birth	Phone Number	%
1			()	100

Contingent (secondary) Beneficiary(ies) Designation in Event of Death of Primary Beneficiary(ies)

Contingent Beneficiary	Relationship	Date of Birth	Phone Number	%
1			()	
2				
3				
4				

Signature of Participant

I state that, as of the below date, I am () married, () not married. I designate as beneficiary (or beneficiaries) the person (or persons) named above. I will inform the Plan Administrator immediately of any changes in my marital status. This designation revokes any prior beneficiary designations, for this Plan, made by me.

I certify that the information above is accurate and correct.

Participant's Signature: _____ Date: _____

Spouse's Consent (required only if spouse is not named as primary beneficiary)

I am the legal spouse of the above named participant. I hereby consent to the beneficiary designation my spouse made above.

Spouse's Signature _____ Date _____

Signature of Notary Public _____ Date _____