

**BUCHANAN TECHNOLOGIES
401(k) PLAN
BENEFICIARY DESIGNATION**

Please complete all sections and PRINT legibly

Part 1 EMPLOYEE INFORMATION

Employee Name			Social Security Number		
Street Address			Date Of Employment		
City	State	Zip Code	Date of Birth		
Daytime Phone Number	Email Address		Company Division or Location		

Part 2 BENEFICIARY DESIGNATION

As a participant in the Buchanan Technologies 401(k) Plan (the "Plan") you may designate a beneficiary or beneficiaries who will receive a distribution of your benefits upon your death. Please complete this Part 2 if you wish to change your current beneficiary designation. If you are married, *and wish to name someone other than your spouse as beneficiary*, your spouse must complete Part 3 below and the consent must be witnessed by a Plan representative or Notary Public. If you wish to designate multiple beneficiaries, please attach a sheet containing the information below for each beneficiary and the designated percentage to each.

Beneficiary Name: Please PRINT				Social Security Number (Required)	
Select one: Primary Beneficiary <input type="checkbox"/>		Contingent <input type="checkbox"/>		Relationship:	
Date of Birth (Required)					
Street Address	City	State	Zip Code	Required	%
Beneficiary Name: Please PRINT				Social Security Number (Required)	
Select one: Primary Beneficiary <input type="checkbox"/>		Contingent <input type="checkbox"/>		Relationship:	
Date of Birth (Required)					
Street Address	City	State	Zip Code	Required	%
Beneficiary Name: Please PRINT				Social Security Number (Required)	
Select one: Primary Beneficiary <input type="checkbox"/>		Contingent <input type="checkbox"/>		Relationship:	
Date of Birth (Required)					
Street Address	City	State	Zip Code	Required	%

The above designation shall supersede any and all prior beneficiary designations.

Participant's Signature	Date
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Part 3 SPOUSAL CONSENT TO BENEFICIARY DESIGNATION

(TO BE COMPLETED BY PARTICIPANT'S SPOUSE)

I hereby consent to the designation made by my spouse to have Plan death benefits paid to the above-named beneficiary(ies) specified in Part 2. The Plan's death benefit provisions have been explained to me and I hereby acknowledge that I understand
 (1) that the effect of the designation is to cause my spouse's benefit to be paid to a beneficiary other than me;
 (2) that each beneficiary designation is not valid without my consent; and
 (3) that my consent is irrevocable unless my spouse (the participant) revokes the beneficiary designation to which I have consented in this Part 3.

Participant's Spouse	Date
Plan Representative or Notary Public	Date

Notary Seal

After completing this request, return it to your designated Employer contact for processing at the following address:

**Buchanan Technologies
Attn: Human Resources
1026 Texan Trail
Grapevine, TX 76051**