

BENEFICIARY DESIGNATION

Plan Name: Caroline County, Maryland Employees Pension Plan

Participant Name: _____

Date: _____

I hereby direct that 100% of all funds, assets and benefits, which are payable upon my death from the County Commissioners of Caroline County Defined Benefit Pension Plan and Trust shall be paid unto:

Name

Address

City, State, Zip

Relationship

Date of Birth

In case of his/her death before me, I designate, as SECONDARY Beneficiary, the following:

Name

Address

City, State, Zip

Relationship

Date of Birth

I further understand that the amounts of benefits to which I or my Beneficiary may be entitled are governed by the terms and conditions of the said Trust Agreement, as administered by the Trustees.

Signed: _____

If you are married and have not listed your spouse as the First Designated Beneficiary, please have your spouse complete and sign the certification below:

CERTIFICATION

I, _____, legal spouse of
_____, hereby understand and agree to the
election made within this Designated Beneficiary Form. I further understand that I am bound by
the terms described under such an election and I fully understand the effect of waiving myself as
the First Designated Beneficiary.

SPOUSE

PLAN ADMINISTRATOR/NOTARY PUBLIC