

Plan Name: NUSCO 401k Plan

Plan #: 35677

Beneficiary Designation Instructions

A beneficiary is a person, institution, charitable organization, or irrevocable or revocable Trust named by you, the participant, to receive payment of benefits provided under the NUSCO 401k Plan in the event of your death. You may designate more than one primary beneficiary who will share the benefit. You may also designate one or more contingent beneficiaries. A contingent beneficiary would receive payment only if the primary beneficiary or beneficiaries you named died before you or disclaimed the right to receive payment at the time that payment was to be made.

All information must be typed or printed neatly, using uppercase letters and black ink. If it is necessary to make corrections to the beneficiary section, you must place your initials next to the corrected or crossed-out words. *Do not use whiteout*; otherwise the form will be returned to you. If you have any questions about making a beneficiary designation, call Fidelity Investments toll-free at 1-800-261-401k and speak with a Participant Services Representative. You can obtain additional Designation of Beneficiary Forms by logging on to Fidelity NetBenefits® at www.401k.com or by calling Fidelity Investments at 1-800-261-401k.

Please make a copy of it for your files, and return the original in the enclosed envelope or mail to:

Fidelity Investments
P.O. Box 5000
Cincinnati, OH 45273-8212

A. Participant Information

Complete all applicable information. *You must check either single or married.* If you are married at the time of your death, federal law generally requires that all benefits from the retirement plans be paid to your spouse, unless your spouse consents in writing to another beneficiary designation and a Notary Public witnesses this consent.

B and C.

Primary and Contingent Beneficiary(ies) Information

Complete all applicable information for those whom you are naming as beneficiary(ies).

Please note: Some retirement plans restrict whom you can elect as a beneficiary for specific benefits and when you can change your election. If you designate one beneficiary for all plans in which you are enrolled, you will be subject to these restrictions across all plans.

1. If these sections are not filled out completely, the form will be returned to you.
2. The beneficiary designation should not include wording such as "either/or" or "and/or." You cannot designate unborn children as beneficiaries. You can designate charitable organizations.
3. Use only whole-number percentages equaling 100%. For example, designations such as 33 1/3 or 33.3 are not acceptable.
4. Naming an estate: Letters of appointment issued by the court naming the executor or administrator of the estate must be provided when a claim is filed. Please consult your attorney for advice on the effect of this designation. No additional legal documentation is required at this time.
5. Naming a revocable or irrevocable trust: Provide the Trust's name and address, name of one Trustee, the date of the Trust and the Trust's tax ID number. Do not send a copy of the trust agreement.

If you would like to name more than two primary and two contingent beneficiaries, you may attach a separate sheet of paper to the Designation of Beneficiary Form with the applicable information.

D. Signature and Date

By signing and dating this section, you officially designate the person(s) listed on the form as your primary beneficiary(ies) and, if applicable, your contingent beneficiary(ies) for this Plan. Your beneficiary designation(s) will not be valid unless this form is on file with the record keeper for this Plan.

E. Spousal Consent

For the NUSCO 401k Plan, if you name someone other than, or in addition to, your spouse as your primary beneficiary(ies), your spouse must sign and date the form and have his/her signature witnessed by a Notary Public. A bank, law office or local government office usually has a Notary Public on staff.

Please do not return this page.

Fidelity Investments Institutional Operations Company, Inc.

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Designation of Beneficiary Form

A. Participant Information

Note: The instructions for this form are an integral part of the form. You should use them to assist you. Also, if it is necessary to make corrections to any part of this form, *please do not use whiteout*; you must place your initials next to the corrected or crossed-out words.

Participant Name (First, MI, Last): _____ Social Security #: --

Participant Address: _____

City: _____ State: _____ ZIP: _____

Phone (day): -- Marital Status: (select one) Single Married

B. Primary Beneficiary(ies)

I understand that if I am married, my spouse shall automatically be my designated beneficiary unless I elect otherwise and my spouse consents to such election as well as to the designation of the other beneficiary(ies). I hereby designate the following person or persons as primary beneficiary(ies) of my account under the Plan(s) payable by reason of my death. If any primary beneficiary does not survive me, the share of that beneficiary shall be divided between the remaining beneficiaries in proportion with their stated percentage of interest. If no primary beneficiary survives me, then my account shall go to my contingent beneficiary(ies). (If additional space is needed for beneficiary information, attach a separate sheet of paper to the Designation of Beneficiary Form with the information noted below.)

1. Beneficiary's Name: (First, MI, Last) _____ Share %:
Date of Birth: ____/____/____ Sex (M/F) _____ Social Security Number/Tax ID: --
Relationship to Participant: Spouse Trust Other: _____
Address: _____
City: _____ State: _____ ZIP: _____

2. Beneficiary's Name: (First, MI, Last) _____ Share %:
Date of Birth: ____/____/____ Sex (M/F) _____ Social Security Number/Tax ID: --
Relationship to Participant: Spouse Trust Other: _____
Address: _____
City: _____ State: _____ ZIP: _____

C. Contingent Beneficiary(ies)

In the event that no primary beneficiary survives me, I hereby designate the following person or persons as contingent beneficiary(ies) of my account. If any contingent beneficiary does not survive me, then the share of that beneficiary shall be divided between the remaining contingent beneficiaries in proportion with their stated percentage of interest.

1. Contingent Beneficiary's Name: (First, MI, Last) _____ Share %:
Date of Birth: ____/____/____ Sex (M/F) _____ Social Security Number/Tax ID: --
Relationship to Participant: Spouse Trust Other: _____
Address: _____
City: _____ State: _____ ZIP: _____

2. Contingent Beneficiary's Name: (First, MI, Last) _____ Share %:
Date of Birth: ____/____/____ Sex (M/F) _____ Social Security Number/Tax ID: --
Relationship to Participant: Spouse Trust Other: _____
Address: _____
City: _____ State: _____ ZIP: _____

D. Signature and Date

I reserve the right to revoke or change my beneficiary designation in the future. I hereby revoke all my previous designations (if any) of primary and contingent beneficiaries. **Note: If you are married, see the next section for applicable spousal consent requirements.**

Participant's signature: _____ Date: _____

Note: If your spouse is not your designated primary beneficiary, this Designation of Beneficiary Form is invalid without the consent of your spouse, unless your spouse waived the right to consent to any change in the beneficiary designation form under a previous beneficiary designation.

E. Spousal Consent

(Signature must be witnessed by a Notary Public)

If you are married and your spouse is not designated as your primary beneficiary, your beneficiary designation is invalid without the consent of your spouse unless, under a previous beneficiary designation, your spouse waived the right to consent to any change in the beneficiary designation. Your spouse's consent must be witnessed by a Notary Public.

I hereby consent to the designation of the beneficiary(ies) listed above. I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit, or a portion of it, to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Check (a) or (b):

- (a) I understand that I must sign a new consent to the new designation for it to be effective.
- (b) I waive my right to consent to any future change in designation. I understand that I have the right to restrict my consent only to the beneficiary designated above by checking box (a).

Spouse's Signature: _____ Date: _____

(Must be witnessed by a Notary Public)

STATE OF _____ (ss.) COUNTY OF _____

On this date, _____ before me appeared _____ Print Name: (last, first, MI) who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public Signature: _____ Stamp: _____

Please mail Designation of Beneficiary Form in the enclosed envelope to:

Fidelity Investments
P.O. Box 5000
Cincinnati, OH 45273-8212

Fidelity Investments Institutional Operations Company, Inc.

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