

REHABILITATION ASSOCIATES, INC. EMPLOYEE STOCK OWNERSHIP PLAN  
BENEFICIARY DESIGNATION AND SPOUSAL CONSENT FORM

PARTICIPANT INFORMATION:

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Date of Hire (MM/DD/YYYY) \_\_\_\_\_

Instructions: Complete the Designation of Primary Beneficiary and the Statement of Marital Status. If desired, you may also complete the Designation of Contingent Beneficiary.

DESIGNATION OF PRIMARY BENEFICIARY:

I name the following person (or persons) to receive any benefit payable under the plan at my death. My primary beneficiary (or beneficiaries) will receive (in equal shares unless a different percentage is indicated) this death benefit if he or she survives me:

Name(s)	%	Relationship	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____

(Please write "none" in any unused lines. Attach an additional page if more lines are needed.)

If I am married and my spouse is not named as my only primary beneficiary, I am waiving some or all of the death benefit for my spouse. To be valid, this designation requires my spouse's written consent. A spousal consent form is on the back.

DESIGNATION OF CONTINGENT BENEFICIARY (OPTIONAL):

If no primary beneficiary named above survives me, then I name the following contingent beneficiary (or beneficiaries) who survive me to receive (in equal shares unless a different percentage is indicated) any benefit payable under the plan at my death:

Name(s)	%	Relationship	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____

(Please write "none" in any unused lines. Attach an additional page if more lines are needed.)

STATEMENT OF MARITAL STATUS:

I am  unmarried;  married to \_\_\_\_\_ (insert spouse's name).

PARTICIPANT ACKNOWLEDGEMENT AND SIGNATURE:

I understand and agree to the following: (1) naming a nonspouse beneficiary to receive any of my vested account balance will be invalid without the written consent of my spouse; (2) the above beneficiary designation revokes any prior designation; (3) if I have a different spouse when benefits begin, I must get a new spousal consent; and (4) this beneficiary designation shall be subject to the terms of any outstanding Qualified Domestic Relations Order. In the event of a divorce, I should complete a new Beneficiary Designation Form. If I marry after completing this form, it will become invalid as required by law unless my spouse consents. I am responsible for any incorrect statement of marital status. The naming of primary and contingent beneficiaries is subject to the terms of the Plan and the rules on the back of this form.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Acknowledgment of Receipt by Employer \_\_\_\_\_ Date \_\_\_\_\_