

SSN

Plan name: Cooley Enterprise Inc Retirement Savings Plan

Plan ID number: BRK112871

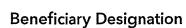
Beneficiary Designation

Read the following information carefully before completing. Return the completed and signed form to your employer. The designation of a beneficiary can have important tax consequences. You are encouraged to consult your tax advisor before completing this form. You should periodically review and update your beneficiary designations as appropriate. If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs Section 3 of this form. Information about you Please type or print clearly. Name of participant Name of employer Marital status: Married _ Single SSN of participant Date of birth of participant (mm/dd/yyyy) **Beneficiary designation** If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When percentages are not indicated, the beneficiaries' shares will be divided equally. If you wish to customize your designation or need more space, attach a separate page. Primary Beneficiary(ies): I revoke all previous designations and direct that any proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, distribute any proceeds according to the terms of the plan document. Full name (include middle initial) (print) Relationship Date of birth (mm/dd/yyyy) _% Full name (include middle initial) (print) Relationship Date of birth (mm/dd/yyyy) .% Full name (include middle initial) (print) Relationship

Continued on next page

100

Date of birth (mm/dd/yyyy)





Beneficiary designation(continued)

Contingent Beneficiary: If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies). If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be paid according to the terms of the plan document.

addamon.			
1	***	Relationship	%
SSN	Date of birth (mm/dd/yyy	-	
2. Full name (include middle initial) (print)		Relationship	%
SSN	Date of birth (mm/dd/yyy		
3. Full name (include middle initial) (print)	entransia kan kali kata kan kan kan kan kan kan kan kan kan ka	Relationship	%
SSN	Date of birth (mm/dd/yyy		Total%
Signature:			
X Signature of participant		Date	/ / e (mm/dd/yyyy)
I am the spouse of the participant named in Section 1. death benefits paid to the named beneficiary(ies) specimy spouse's death benefit to be paid to a beneficiary of to it and that my consent is irrevocable unless my spou	ified in Section 2. I undo other than me, that such	erstand that the effect of such beneficiary designation is no	designation is to cause
Full name of spouse of participant (include middle initial) (print)			
X			1 1
Signature of spouse of participant		Date	(mm/dd/yyyy)
Either a plan representative appointed by the employe	r or a notary public mus	t witness the signature of the	spouse.
	X		
Name of plan representative (print)	Signature of	plan representative	
Sworn to and subscribed before me, this	day of	, 20	Year
in the County of	, State o	f	
X Signature of notary public		Date com	/ / mission expires (mm/dd/yyyy)
		==	