



**New Enterprise Stone & Lime Co., Inc.
Supplemental Unemployment Benefits Plan
Beneficiary Designation Form**

Participant Information

Social Security Number	Last Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	State	Zip	Date of Birth	Date of Hire
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Beneficiary(ies)

Legal Name	Address	SS#	Relationship	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Name	Address	SS#	Relationship	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary Beneficiary(ies) [If primary beneficiary passes before you]

Legal Name	Address	SS#	Relationship	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Name	Address	SS#	Relationship	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Participant Authorization

I have read and understand the instructions contained on this form. Any previous beneficiary designation made by me is hereby revoked. I reserve the power to change this designation at any time by a form similar to this both signed by me and received by the plan administration prior to my death. If my primary beneficiary(ies) precedes me in death, distribute my plan benefit to my secondary beneficiary(ies). If none of the named beneficiaries survives me, distribute according to the plan and trust document.

Participant Signature

_____ Date: _____

Please make a copy of this form for your records and return the original to human resources.