

**NOTICE TO PARTICIPANTS IN
KOAM ENGINEERING SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST AGREEMENT**

The beneficiary of your plan benefits will be your spouse (even if your existing beneficiary designation names someone else), unless you now designate a beneficiary other than your spouse of all or part of your plan benefits and your spouse consents to this designation (all signatures must be executed before a notary public). The beneficiary designation form attached provides a place for your spouse to consent to a beneficiary designation of someone other than himself or herself and a place for the notary public. Please use it if you want to designate a beneficiary other than your spouse.

**DESIGNATION OF BENEFICIARY FOR
KOAM ENGINEERING SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP PLAN
AND TRUST AGREEMENT**

Employee's Name

Employee's Social Security Number

PRIMARY BENEFICIARY

1. I designate as the primary beneficiary to receive the amount to which I am entitled under the Plan and Trust:

Name of Primary Beneficiary

Address: _____

Relationship: _____

CONTINGENT BENEFICIARIES

2. In the event that he (or she) should predecease me, or in the event that our deaths should occur simultaneously, or in a common disaster or calamity, then in either of such events, I designate below my contingent beneficiary or beneficiaries under the Plan and Trust, who shall be entitled to receive the amount to which I am entitled under the Plan and Trust; if more than one contingent beneficiary be named, they shall share equally:

Name(s) of Contingent Beneficiary(ies)	Address(es)	Relationship
_____	_____	_____

_____	_____	_____

_____	_____	_____

_____	_____	_____

Should a beneficiary contingently designated above not survive me, then the share of such person shall be distributed in the form checked and initialed below.

- ☐ _____ In its entirety to the surviving contingent beneficiary, if there be only one;
Initials in equal shares to the surviving contingent beneficiaries, if there be more than one.
- ☐ _____ Per stirpes to the living descendants of such contingent beneficiary; but
Initials if there are none, then equally to the remaining of the above designated contingent beneficiaries, if any, or if any be deceased, to his or her (their) living descendants, per stirpes. If there is no one in being at the time of my death, then to _____.

IF NO BENEFICIARIES SURVIVE EMPLOYEE

3. If at the time of my death none of the above beneficiaries survive me, then my Plan and Trust share shall be distributed as then provided in the Plan and Trust Agreement.

RIGHT TO REVOKE OR CHANGE BENEFICIARY DESIGNATION

4. I reserve the right to revoke or change the designation or any of them shown above, but such revocation or change shall be in writing directed to the Committee, and no such revocation or change shall be effective unless and until received by the Committee prior to my death.

RIGHTS SUBJECT TO TERMS OF TRUST

5. Rights of the designated beneficiaries shall be subject to the terms and conditions of the Plan and Trust Agreement and all rules and regulations formulated thereunder.

RELEASE AND DISCHARGE

6. Payment of any credits or funds in my Trust Account to the beneficiary or beneficiaries designated herein shall be a full and complete release and discharge of the Trustee, the Committee, and the Employer to the extent of such payment.

SPOUSE'S CONSENT TO BENEFICIARY DESIGNATION (required if spouse is not the sole primary beneficiary)

Your spouse has an account in the above-referenced Plan. The money in the account that your spouse will be entitled to receive is called the vested account. Federal law states that you will receive the vested account after your spouse dies.

Your right to your spouse's vested account provided by federal law cannot be taken away unless you agree. If you agree, your spouse can elect to have all or part of the vested account paid to someone else. Each person your spouse chooses to receive a part of the vested account is called a "beneficiary." For example, if you agree, your spouse can have the vested account paid to his or her children instead of you.

Your spouse cannot have the vested account paid to someone else unless you agree and sign this agreement.

Your choice must be voluntary. It is your personal decision whether you want to give up your right to your spouse's vested account.

If you sign this agreement, your spouse cannot change the beneficiary named in this agreement to anyone other than you, unless you agree to the new beneficiary by signing a new agreement. If you agree, your spouse can change the beneficiary at any time before your spouse dies.

You can change this agreement at any time prior to commencement of benefits. After that time, you cannot change the agreement. If you change your mind, you must notify the Plan's Administrative Committee.

You may lose your right to the vested account if your spouse and you become divorced even if you do not sign this agreement. However, if you become divorced, you might be able to get a special court order (which is called a qualified domestic relations order or "QDRO") that specifically protects your rights to the vested account. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the Plan.

I, _____, am the spouse of the participant. I understand that I have a right to all of my spouse's vested account in the above-referenced Plan after my spouse dies.

I agree to give up my right to _____ percent of the account and to have that amount paid to the following beneficiaries:

(Name of Beneficiary)	_____
(Percent of Vested Account)	_____ %

I understand that my spouse cannot select a different beneficiary unless I agree to the change.

I understand that by signing this agreement, I may receive less money than I would have received if I had not signed this agreement and I may receive nothing from the Plan after my spouse dies.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

I understand that if I do not sign this agreement, then I will receive my spouse's vested account under the Plan when my spouse dies.

I, the spouse of the above-named participant, hereby consent to the above Beneficiary Designation, which names an individual(s) or entity other than myself as primary beneficiary of the benefits payable to the participant in the event of his or her death under the Plan.

I acknowledge that I am not to be the direct recipient of any benefits the Plan provides to a participant's "primary beneficiary" (a spouse may be the indirect beneficiary of such benefits in certain circumstances--such as designation of a family trust as primary beneficiary). I further acknowledge that I am familiar with the financial and legal consequences of my consent to my spouse's election to waive a qualified pre-retirement survivor annuity form of benefit.

Dated: _____

Spouse's Signature

THE SPOUSE'S SIGNATURE MUST BE WITNESSED BY A NOTARY PUBLIC!

State of California
County of _____

On _____, before me, _____,
[here insert name and title of the officer]

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)