

BENEFICIARY DESIGNATION FORM

Plan Name: WEST COAST C & C MANAGEMENT, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Participant Name: _____ Social Security Number: _____
Please Print or Type Clearly

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my accrued benefit under the Plan payable by reason of my death:

PRIMARY BENEFICIARY(IES)

NAME & SOCIAL SECURITY NO.	RELATIONSHIP	ADDRESS & PHONE	SHARE
_____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%

SECONDARY BENEFICIARY(IES) (If there are no surviving Primary Beneficiaries)

NAME & SOCIAL SECURITY NO.	RELATIONSHIP	ADDRESS & PHONE	SHARE
_____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION **I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF BENEFICIARIES AND SECONDARY BENEFICIARIES**

The Trustee shall pay all sums payable under the Plan by reason of death to the primary beneficiary, if he or she survives me, and if no primary beneficiary shall survive me, then to the secondary beneficiary, and if no named beneficiary survives me, then the Trustee shall pay all amounts pursuant to the provisions of the Plan. NOTE: Unless the participant provides otherwise in completing this designation, the Trustee shall pay all sums payable to more than one beneficiary equally to the living beneficiaries, subject, however, to the requirements, if any, of the qualified joint and survivor annuity provisions of ERISA. The Plan Administrator will not accept the Beneficiary Designation of a married participant designating a primary beneficiary other than the participant's spouse unless the spouse has consented to the designation. Spousal consent is not required if the participant's spouse is the sole primary beneficiary.

Signature of Participant

Date

SPOUSE'S CONSENT TO BENEFICIARY DESIGNATION

I hereby acknowledge that I have been informed by the Plan Administrator that if my spouse should die prior to his/her retirement, I will be the sole direct beneficiary of his/her death benefit under the Plan unless I consent to the designation of another beneficiary. Also, I understand that my consent is irrevocable unless my spouse revokes his/her beneficiary designation.

I hereby consent to the foregoing designation made by my spouse to have the pre-retirement death benefit paid to a beneficiary other than myself.

Signature of Participant's Spouse

Date

Signature of Plan Administrator or Notary Public

Date

INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

- (1) If you are married and would like to designate a primary beneficiary OTHER THAN your spouse, you must obtain your spouse's consent, signed and notarized.
- (2) No benefit payments can be made to a minor (under age 18). The Trustee will be unable to honor your designation if the beneficiary is still a minor upon execution of this document.
- (3) To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show relationship as "Friend."
- (4) If you wish to name your estate, insert "Estate" in the blank space.
- (5) Show a member of a religious order in this manner:

"Mary L. Jones, niece, known in religious life as Sister Mary Agnes."

- (6) It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If you name a person who is a permanent resident of a foreign country, furnish full address.
- (7) If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language substantially as follows:

"To X Bank as Trustee, or its successor Trustee, of the Bruce E. Roberts Trust dated the 26th of May, 1995, including any amendments to the Trust."

- (8) More than one beneficiary - here are the most common examples:

Three or more beneficiaries	James O. Smith, brother; Peter I. Smith, brother; and Martha N. Smith, sister
One contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son
More than one contingent beneficiary	Lois P. Smith, wife, if living; otherwise, James O. Smith, brother; Peter I. Smith, brother; and Martha N. Smith, sister
Unnamed children as contingent beneficiaries	Lois P. Smith, wife, if living; otherwise, my children living at my death

If one of the above examples fits your wishes, insert your designation in the blank space, using the language of the selected example.

- (8) If none of the above is suitable, please explain in the blank space what is desired or attach a note.

NOTE: Unless the participant provides otherwise in completing this designation, the Trustee shall pay all sums payable to more than one beneficiary equally to the living beneficiaries, subject, however, to the requirements, if any, of the qualified joint and survivor annuity provisions of ERISA. The Plan Administrator will not accept the Beneficiary Designation of a married participant designating a primary beneficiary other than the participant's spouse unless the spouse has consented to the designation. Spousal consent is not required if the participant's spouse is the sole primary beneficiary.