

DESIGNATION OF BENEFICIARY FORM

Plan Name: Duke Manufacturing Company Retirement Plan
Social Security Number _____ - _____ - _____

Plan Number: 40567

Participant Information

Note: Instructions to complete this form are attached at the end of this form.

Name: _____
 Last First Middle Initial

Address: _____
 Street _____
 City State Zip

Marital Status: Single Married

Primary Beneficiary

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: _____	Name: _____
Social Security Number: _____	Social Security Number: _____
Address: _____	Address: _____
_____	_____
Date of Birth: _____	Date of Birth: _____
Relationship to Participant: _____	Relationship to Participant: _____
Percentage: _____	Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Contingent Beneficiary

In the event that there is no living primary Beneficiary at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: _____	Name: _____
Social Security Number: _____	Social Security Number: _____
Address: _____	Address: _____
_____	_____
Date of Birth: _____	Date of Birth: _____
Relationship to Participant: _____	Relationship to Participant: _____
Percentage: _____	Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Participant Signature

I reserve the right to revoke or change any Beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

PARTICIPANT _____ **DATE** _____

Married Participants please see below:

If you are married and your spouse is not your Designated Primary Beneficiary, then this Designation of Beneficiary is invalid without the consent of your spouse unless your spouse waived the right to consent to any change in the beneficiary designation under a prior beneficiary designation. Please see the following page of this form for the Consent of Spouse section. Please note, your spouse's consent must be witnessed by a Plan Representative or a Notary Public.

Please return this form to the Plan Administrator after you have completed it.

Employer Authorization

Only an authorized signer of the Employer as designated in the Plan's Service Agreement may sign below as the Plan Administrator.

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR
PRINT NAME* Stacey Snyder

PLAN ADMINISTRATOR
SIGNATURE (must be an authorized signer)* _____ **DATE** _____

* Note: The Plan Administrator should both print and sign his/her name in the spaces given.

The Plan Administrator will maintain possession of this form.

Consent of Spouse

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation, {Choose (a) or (b)}:

- (a) I understand I must sign a new consent to the new designation for it to be effective.
- (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary (ies) designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of _____, _____.

Signature of Participant's Spouse
(Must be witnessed by a Plan Representative or a Notary Public)

Plan Representation

Signature of spouse witnessed this _____ day of _____, _____, in the presence of:

Plan Representative

(Print Name)

OR

Notary Public

STATE OF _____
(ss.)
COUNTY OF _____

On this _____ day of _____, _____, before me appeared _____ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public

My Commission Expires: _____

Please return this form to the Plan Administrator after you have completed it.

General Instruction

These instructions will assist you in properly completing the Primary and Contingent Beneficiary Section(s) of the Designation of Beneficiary Form.

- (1) 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."
 - (2) If you wish to name your estate, insert "Estate" in the blank space.
 - (3) If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language similar to the following example:
 - To X Bank as Trustee, or its successor Trustee, of the John E. Jones Trust dated the 26th day of June, 2011, including any amendments to the Trust.
 - (4) If you wish to designate more than one Beneficiary - here are the most common examples:
 - Three or more beneficiaries:

James O. Jones, brother
Paul A. Jones, brother
Jane A. Smith, sister
 - Unborn children:

My children living at my death

- Note:** Unless you provide otherwise in completing the Designation of Beneficiary Form, the Trustee will pay all sums payable to more than one Beneficiary equally to the living Beneficiaries.
- (5) Contingent Beneficiaries only receive benefits if all named primary Beneficiaries die before you.

Spousal Consent

If you are married and your spouse is not designated as your primary Beneficiary, then your Beneficiary designation is invalid without the consent of your spouse unless, under a prior Beneficiary designation, your spouse waived the right to consent to any change in the Beneficiary designation. Your spouse's consent in this situation must be witnessed by a Plan Representative or a Notary Public.