



ASG EMPLOYEES' RETIREMENT FUND DESIGNATION OF BENEFICIARY FORM

NAME: [] DATE OF BIRTH: []

SOCIAL SECURITY #: []

CONTRIBUTIONS & FINAL PAYMENTS [] DEATH BENEFIT []

ADDRESS: []

I, the employee or former employee identified above, cancel any and all previous designations of beneficiary hereto made by me. EXCEPT for any separate form used to allocate a specific benefit to different beneficiaries, do now designate the beneficiary or beneficiaries named below to receive the benefit(s) specified above which may become payable upon my death. I understand that this designation will remain in full force and effect unless and until cancelled by me in writing.

I hereby direct, unless otherwise indicated below, that, if more than one beneficiary is named, the share of any deceased beneficiary or beneficiaries who may die before benefits become payable shall be distributed equally among the surviving beneficiaries listed below, or entirely to the survivor. If none of the beneficiaries are alive when the benefits become payable, the designation shall be void.

I also understand that benefits for any child chosen as beneficiary will not be payable until he/she reaches maturity (age 18).

INFORMATION CONCERNING BENEFICIARY OR BENEFICIARIES

Table with 5 columns: NAME, ADDRESS, RELATIONSHIP, SSN, SHARE %. Contains 10 empty rows for beneficiary information.

DATE: []

SIGNATURE OF DESIGNATOR: []