

ENGINEERS CONSTRUCTION, INC.
401(K) PROFIT SHARING PLAN

ENROLLMENT FORM

Participant: _____ Social Security #: _____

I hereby acknowledge that I am a member of the above stated plan as of this date _____; that the terms and conditions of my membership in the plan are governed by the documents constituting the plan, which have been made available for my inspection; that I have received a copy of the Summary Plan Description, and agree to abide by the rules and regulations set forth in the Plan.

I further acknowledge that I have received a DESIGNATION OF BENEFICIARY form which is to be completed and returned to the Plan Administrator. I understand that under the laws governing this Plan, my spouse is beneficiary of any benefits payable upon my death if I am married, and that if I do not have a spouse, and have not designated one or more individuals, trusts, etc. to receive any benefits payable on my death, such benefits will be payable to my estate. I further understand that if I have a spouse and wish to designate someone other than my spouse as beneficiary, my spouse must consent in writing before a notary public to the designation of such other person.

I hereby certify that the following data is correct as of the date on which this form is completed. I agree to notify the Plan Administrator if there is any change in my marital status.

Phone #: _____ Participant
Date of Birth: _____

Marital Status: _____ Single _____ Married _____ Legally Separated
or Divorced

Name of Spouse: _____ Spouse's
Date of Birth: _____

Participant's Address: _____
Street Address/Apartment #

_____ City State Zip Code

_____ Date Signature of Participant

ENGINEERS CONSTRUCTION, INC.
401(K) PROFIT SHARING PLAN

DESIGNATION OF BENEFICIARY

Participant: _____ Social Security #: _____

In regard to any amount payable under **ENGINEERS CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN** by reason of my death, I hereby mark the option applicable to my marital status, and if appropriate, designate the following beneficiary:

() UNMARRIED PARTICIPANT

I designate as beneficiary the person(s) named below. However, once I am married, this beneficiary designation will be void and my spouse will be beneficiary of my death benefit under the Plan. I will therefore immediately inform the Administrator of any change in my marital status.

Designated Beneficiary: _____

whose address is: _____

if living at the time of my death, or, if not living, then: _____

whose address is: _____

() MARRIED PARTICIPANT

The Administrator has provided me with a detailed written explanation of these rights concerning the death benefit (NOTICE OF PRE-RETIREMENT SURVIVOR BENEFIT).

I understand that the value of my account must be paid to my surviving spouse if I am married at the time of my death, unless my spouse consents in writing to an alternative beneficiary who I have designated on the ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR BENEFIT form, with SPOUSE'S CONSENT TO WAIVER attached. I understand that I must immediately inform the Administrator of any change in my marital status.

Provided no election is made to change my beneficiary (and my spouse thereby remains the beneficiary of the death benefit under this plan), I hereby designate the following contingent beneficiary if my spouse does not survive me.

Contingent Beneficiary: _____

whose address is: _____

ENGINEERS CONSTRUCTION, INC.
401(K) PROFIT SHARING PLAN

DESIGNATION OF BENEFICIARY
(Continued)

Participant: _____ Social Security #: _____

ALL PARTICIPANTS MUST COMPLETE THE SECTION BELOW:

I certify that as of the date of execution of this form I am

Marital Status: _____ Single _____ Married _____ Legally Separated
or Divorced

I understand that this DESIGNATION OF BENEFICIARY revokes any such designation which I may have made previously in accordance with my right to make a beneficiary designation under the Plan as limited by Section 401(a)(11) and 417 of the Internal Revenue Code.

EXECUTED this _____ day of _____, 20_____.

WITNESS _____ PARTICIPANT _____

ENGINEERS CONSTRUCTION, INC.
401(K) PROFIT SHARING PLAN

NOTICE OF PRE-RETIREMENT SURVIVOR BENEFIT

Participant: _____ Social Security #: _____

As a Participant in the ENGINEERS CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN, the law requires that you be informed as to the disposition of your Account Balance upon your death before retirement.

In the case of your death before retirement, the Plan will pay to your surviving spouse your full Vested Account Balance.

However, you may elect to waive the requirement that your death benefit be paid to your surviving spouse. Your spouse must consent in writing before a plan representative or notary public to any waiver that you elect, as well as to the specific individual(s) you designate as your non-spouse beneficiary(ies). You may revoke any waiver any time before your death, and, if you desire, make a new election, provided your spouse consents to the new beneficiary designation.

If you elect for your spouse not to be your beneficiary (and your spouse has consented to your election), then you may designate a beneficiary of your choosing.

It is important that you and your spouse understand your rights and obligations concerning your death benefit. You should direct any questions you may have to the Plan Administrator. Also, because a spouse has certain rights to your death benefit under this plan, you should immediately inform the Plan Administrator of any change in your marital status.

Date

Administrator

Date Received

Participant

ENGINEERS CONSTRUCTION, INC.
401(K) PROFIT SHARING PLAN

ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR BENEFIT

Participant: _____ Social Security #: _____

As a Participant in the ENGINEERS CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN, I hereby acknowledge that I have been informed by the Plan Administrator that if I should die prior to my retirement, the full Vested Account Balance in the Plan will be paid to my spouse; that I have the right to waive the designation of my spouse as the sole direct beneficiary of my death benefit only if my spouse consents to such waiver; and that I have the right to revoke such waiver which may be made by me at any time without my spouse's consent.

I hereby waive the right to have my spouse be the sole direct beneficiary of my pre-retirement death benefit under this plan. I designate the following beneficiary in lieu of my spouse, revoking any prior designation or contingent designation made by me:

Designated Beneficiary: _____

whose address is: _____

if living at the time of my death, or, if not living, then: _____

whose address is: _____

EXECUTED this _____ day of _____, 20 _____.

Witness

Participant

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me in the form specified therein; (2) that such beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

EXECUTED this _____ day of _____, 20 _____.

Witnessed by:

Spouse of Participant

Plan Representative or Notary Public