

CARDIOVASCULAR MEDICINE, P.C.  
CASH BALANCE PLAN

INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

These instructions will assist you in properly completing 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 or married to you, show relationship as "Friend."

2. If you wish to name your estate, insert "Estate" in the blank space.

3. Show a member of a religious order in this manner:

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

4. 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.

5. 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 day of May, 2000, including any amendments to the Trust.

6. 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
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Unnamed children	My children living at my death
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One contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son
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More than one contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son; Alice B. Smith, daughter; and Ann Y. Smith, daughter
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Unnamed children as contingent beneficiaries	Lois P. Smith, wife, if living; otherwise, my children living at my death
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If one of the above examples fits your wishes, insert your designation in the blank space, using the language of the selected example. Contingent beneficiaries only receive benefits if all named primary beneficiaries predecease you. If a primary beneficiary survives you, but dies prior to receiving his or her share of the death benefit, that primary beneficiary's estate will receive the death benefit unless your DESIGNATION OF BENEFICIARY form provides otherwise.

7. If none of the above is suitable, explain in the blank space what is desired, or attach a note.

Note: If you name a trust as a beneficiary, you also must satisfy additional documentation requirements. The Plan Administrator will provide you with the additional forms you must complete.

Note: Unless you provide otherwise in completing the DESIGNATION OF BENEFICIARY form, all sums payable to more than one beneficiary will be paid equally to such beneficiaries.

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CASH BALANCE PLAN

DESIGNATION OF BENEFICIARY

Participant: \_\_\_\_\_

I hereby acknowledge receipt of the Summary Plan Description and agree to abide by all of the rules and regulations set forth in the Plan.

I have become a Participant of Cardiovascular Medicine, P.C. Cash Balance Plan and I hereby make an election of beneficiary(ies).

I am already a Participant of Cardiovascular Medicine, P.C. Cash Balance Plan and I hereby update my DESIGNATION OF BENEFICIARY form for death benefits to be paid under the Plan.

Regarding any amount payable under the Plan by reason of my death, I hereby mark the option applicable to my situation, and designate the following beneficiary(ies):

MARRIED PARTICIPANT UNDER AGE 35

I have various choices to make concerning death benefits payable under the Plan. Normally, the death benefit under the Plan will be paid to my surviving spouse. However, when I am age 32, I will have the right to designate a beneficiary other than my spouse, provided my spouse consents. The Plan Administrator has provided me with a detailed explanation regarding the beneficiary of my death benefit (PRE-RETIREMENT SURVIVOR ANNUITY EXPLANATION and ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY, WITH SPOUSAL CONSENT). If I choose to designate a beneficiary other than my spouse, the waiver will become invalid in the Plan Year in which I turn age 35. I would have to make a new waiver at that time, and get my spouse to consent again.

I understand that I must immediately inform the Plan Administrator of any change in my marital status.

Understanding my options, I choose to:

keep my spouse as primary beneficiary of my death benefit. But if my spouse does not survive me, I name as contingent beneficiary(ies):

\_\_\_\_\_  
\_\_\_\_\_

name someone other than my spouse as the primary beneficiary of my death benefit. I understand that my spouse must agree to this waiver and that it will become invalid during the Plan Year in which I turn age 35.

MARRIED PARTICIPANT AGE 35 AND OVER

I have various choices to make concerning death benefits payable under the Plan. Normally, the death benefit under the Plan will be paid to my surviving spouse. The Plan Administrator has provided me with a detailed explanation regarding the beneficiary of my death benefit (PRE-RETIREMENT SURVIVOR ANNUITY EXPLANATION and ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY, WITH SPOUSAL CONSENT).

I understand that I must immediately inform the Plan Administrator of any change in my marital status.

Understanding my options, I choose to:

keep my spouse as primary beneficiary of my death benefit. But if my spouse does not survive me, I name as contingent beneficiary(ies):

\_\_\_\_\_  
\_\_\_\_\_

name someone other than my spouse as the primary beneficiary of my death benefit. I understand that my spouse must agree to this waiver.

UNMARRIED PARTICIPANT

I designate as beneficiary the person(s) named below. However, if I thereafter marry, this will revoke the designation. I will therefore immediately inform the Plan Administrator of any change in my marital status.

Primary Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Social Security Number