

**RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM**

I, _____, Social Security Number _____, am married
 unmarried and, as a participant in the Pennrose Management Company 401(k) Profit Sharing Plan, I hereby designate the following as beneficiary(ies) for payment of death benefits under the Plan (use a separate sheet if necessary with your signature):

Primary: Name _____ SSN _____ Relationship _____
_____ % Address _____

Primary: Name _____ SSN _____ Relationship _____
_____ % Address _____

Primary: Name _____ SSN _____ Relationship _____
_____ % Address _____

Contingent: Name _____ SSN _____ Relationship _____
_____ % Address _____

Contingent: Name _____ SSN _____ Relationship _____
_____ % Address _____

NOTE: If you are married and you wish to designate a beneficiary other than your spouse, your spouse's notarized consent is necessary. If you marry after executing this form, this designation may be ineffective so you should complete a new beneficiary designation form. If you name your spouse as primary beneficiary, your spouse need not sign the form and the form does not need to be notarized.

SPOUSAL CONSENT: I consent to this designation of beneficiary, and waive my right to a qualified pre-retirement survivor annuity and to have benefits paid as a qualified joint and survivor annuity in accordance with Internal Revenue Code Section 417(a)(2) and Section 205(c)(2) of the Employee Retirement Income Security Act of 1974. I understand and acknowledge that the effect of this election is that any death benefits payable under the Plan, as an annuity or otherwise, will be paid not to me but to the designated beneficiary.

Signature of Spouse (Must be notarized)

State of _____ } County of _____ }

The person whose signature is set forth above and who is known to me to be such person appeared before me this day and completed or affirmed such signature in my presence as his or her free and voluntary act.

Given under my hand and notarial seal this _____ day of _____, 20____.

Notary Public
My Commission Expires _____

Seal:

This designation supersedes any and all prior such designations and is effective upon its execution and delivery to the Trustee as provided by the Plan.

Dated this _____ day of _____, 20____ by _____
Signature of Participant

RECEIPT: Received by Trustee on _____, 20____ by _____
Authorized Signature