

Johnson Machinery Company

401(k) Plan

VISTA # 092155

Beneficiary Designation

Account Information

Social Security # --

Name (Last, First, MI)

Address

City State Zip

Date of birth (mm/dd/yyyy) --

Date of hire (mm/dd/yyyy) -- Plan entry date (mm/dd/yyyy) --

Check here if address listed above is a new address.

Beneficiary Information

Primary Beneficiary

Secondary Beneficiary

Name _____

Name _____

Social Security # --

Social Security # --

Note: Under the Plan, if you are married your primary beneficiary is automatically your spouse unless your spouse executes the notarized consent below. Please refer to the Summary Plan Description for further details.

I hereby represent and certify that I am not married.

Spousal Consent: I hereby consent to the designation by my spouse of the primary beneficiary set forth above who shall receive benefits from the Plan upon my spouse's death. I understand that, as a result of such designation, I may not be entitled to any benefits from the Plan upon my spouse's death.

Name _____

Social Security # -- Date of birth (mm/dd/yyyy) --

Signature _____ Date _____

The foregoing "Spousal Consent" was acknowledged before me.

Notary Public _____ Date _____

Authorization

Signature of Employee _____

Date _____

Signature of Employer _____

Date _____

Distribution:
(5/25/1999)

White - Company

Yellow - Employee

T3023_051999

