

Beneficiary Designation Form

Integrated Stair Systems 401(k) Plan



INSTRUCTIONS: The designation of a beneficiary can have important tax consequences. You are encouraged to consult your tax advisor before completing this form. Follow the instructions found in this form carefully.

PARTICIPANT INFORMATION

Legal Name (Last, First, MI)	Social Security Number
Mailing Address	Date of Birth
City, State & Zip	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married

NOTICE OF SURVIVING SPOUSE'S MINIMUM BENEFIT

Under this Plan, your surviving spouse (provided you have been married at least one year) is generally entitled to a "surviving spouse's benefit" equal to your vested account balance at the time of death.

Unless the surviving spouse's benefit is waived, you may not designate that any portion of your vested account balance be paid as a death benefit to a beneficiary or beneficiaries other than your surviving spouse, provided you have been married at least one year. For example, if you designate your parents as beneficiaries and later marry but die without having changed your beneficiary designation, the entire vested account balance will be paid to the surviving spouse rather than to your parents. Similarly, if you are married for at least one year and designate that your vested account balance be divided in equal shares among your surviving spouse and your three children but the surviving spouse's benefit is not waived, your spouse must receive the entire vested account balance.

The surviving spouse's benefit cannot be waived unless the spouse gives his or her written consent below or you certify that you do not know the whereabouts of your spouse. To become effective, this form must be properly completed and received by the Plan Administrator.

BENEFICIARY DESIGNATION

If percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When percentages are not indicated, the beneficiaries' shares will be divided equally. If you wish to customize your designations or need more space, attach a separate page.

Primary Beneficiaries. I revoke all previous designations and direct any proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, distribute any proceeds under the terms of the Plan.

1. Legal Name (Last, First, MI)	Relationship	% of Benefit
SSN	Date of Birth (MM/DD/YYYY)	
2. Legal Name (Last, First, MI)	Relationship	% of Benefit
SSN	Date of Birth (MM/DD/YYYY)	
3. Legal Name (Last, First, MI)	Relationship	% of Benefit
SSN	Date of Birth (MM/DD/YYYY)	
		Total: 100%

Contingent Beneficiaries. In the event that no primary beneficiaries survive me, I direct any proceeds be distributed upon my death to the designated contingent beneficiary(ies) below.

1. Legal Name (Last, First, MI)	Relationship	% of Benefit
_____ SSN _____	_____ Date of Birth (MM/DD/YYYY)	
2. Legal Name (Last, First, MI)	Relationship	% of Benefit
_____ SSN _____	_____ Date of Birth (MM/DD/YYYY)	
3. Legal Name (Last, First, MI)	Relationship	% of Benefit
_____ SSN _____	_____ Date of Birth (MM/DD/YYYY)	
		Total: 100%

PARTICIPANT SIGNATURE AND AUTHORIZATION

I revoke all previous designations and direct any proceeds be distributed upon my death to the designated beneficiary(ies) indicated on this form.

Check one of the following:

- I am not married. I understand that if I do marry, my surviving spouse will be entitled to my entire account balance unless I file a new Beneficiary Designation with my spouse's written consent.
- I am married for at least one year, but the Spousal Consent section of this form is not completed because I have designated my spouse as the Primary Beneficiary of at least 50% of my entire vested account balance.
- I have designated that all or a part of my vested account balance be paid to one or more beneficiaries other than my spouse, and my spouse has completed the Spousal Consent portion of this form.
- I have designated that all or a part of my vested account balance be paid to one or more beneficiaries other than my spouse, and the Spousal Consent portion of this form has not been completed because I do not know the whereabouts of my spouse. I agree to inform the Plan Administrator if I learn the location of my spouse.

Participant Signature

Date (MM/DD/YYYY)

INSTRUCTIONS: The signature of the spouse must be witnessed by either a plan representative or a notary public. Complete the information below only if the spouse is **not** designated as the the primary beneficiary of the entire vested account balance.

SPOUSAL CONSENT OF BENEFICIARY DESIGNATION

I certify that I am the spouse of _____ (print), who is a participant in the **Integrated Stair Systems 401(k) Plan**, and hereby consent to my spouse's designation of the beneficiary(ies) identified above. I further acknowledge my understanding that:

1. My spouse's designation that all or a portion of his or her vested account balance be paid to one or more beneficiaries other than myself is not valid unless I consent to it.

2. My consent is irrevocable (check one of the following):

until my spouse changes his or her designation of beneficiary(ies). At that time, I must consent to any change in beneficiaries.

even if my spouse changes his or her designation of beneficiary(ies). My spouse may change his or her beneficiaries without my consent.

3. I am waiving the right to be the sole Primary Beneficiary of my spouse's death benefit under the Plan.

Printed Full Name of Spouse (Last, First, MI)

Signature of Spouse of Participant

Date (MM/DD/YYYY)

WITNESS OF SPOUSAL CONSENT

Must be witnessed by a Plan Representative OR a Notary Public.

Name of Plan Representative (print)

Plan Representative Signature

OR

Sworn to and subscribed before me, this _____ day of _____, 20____

in the County of _____, State of _____

Notary Public Signature

Date Commision Expires (MM/DD/YYYY)

Beneficiary Designation Instructions

Integrated Stair Systems 401(k) Plan

INSTRUCTIONS: Do not return this page. It is for informational purposes only.

Common Ways to Designate Beneficiary(ies)

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."

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

Show a member of a religious order in this manner:

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

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, you must furnish that person's full address, including country.

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.

Children can be listed by name or you may wish to designate "my children living at my death."

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.

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

Note: If you name a trust as a beneficiary, the trustee also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death. The Plan Administrator will provide you or the trustee with the additional forms you must complete.