

**INSTRUCTIONS
FOR
BENEFICIARY DESIGNATION FORM**

Please complete the following information on the Beneficiary Designation Form and return to Paramount Capital Limited Partnership.

- I. **NAME OF PARTICIPANT:** Print your complete name and Social Security Number. Also specify, by marking the appropriate boxes, whether this is an initial or amended designation of beneficiary and your marital status.

- II. **PRIMARY BENEFICIARY(IES):** List the person(s) or entities (e.g., a trust) you wish to designate as the primary beneficiary(ies) of your Account Balance upon your death, whether before or after retirement. Complete the name, date of birth, address, relationship to you and the percentage of your Account Balance they are to receive so that the total to be received by all primary beneficiaries equals 100%. **If you are married, you should read the Consent of Spouse below before you complete this section.**

- III. **CONTINGENT BENEFICIARY(IES):** In the event no primary beneficiary is living upon the occurrence of your death, list a contingent beneficiary(ies). Complete the name, date of birth, address, relationship to you and the percentage of your Account Balance they are to receive so that the total to be received by all contingent beneficiaries equals 100%.

- IV. **SIGN AND DATE:** Sign and date the form currently.

- V. **CONSENT OF SPOUSE:** If you are married and do not designate your spouse on the front of the form as your sole (100%) primary beneficiary:
 - (a) Your spouse must sign and date the Consent of Spouse portion of this form.
 - (b) His/her signature must be witnessed by a Notary Public in the space provided on the bottom of the form.

YOU MAY WISH TO CONSULT WITH YOUR PERSONAL ESTATE PLANNING COUNSEL BEFORE COMPLETING THIS FORM.

BENEFICIARY DESIGNATION

PARTICIPANT: _____ **SSN:** _____

TO THE ADMINISTRATOR OF: Paramount Capital Limited Partnership

This is my initial beneficiary designation. This is my amended beneficiary designation.

Are you married? Yes No. **IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.**

I hereby designate the following person or persons as primary and contingent beneficiaries of my Account Balance payable by reason of my death:

PRIMARY BENEFICIARY(IES)

Beneficiary: _____
Address: _____
Birth Date: _____
Relationship: _____
Percentage: _____

Attach additional pages, as necessary, numbered and signed.

CONTINGENT BENEFICIARY(IES)

Beneficiary: _____
Address: _____
Birth Date: _____
Relationship: _____
Percentage: _____

Attach additional pages, as necessary, numbered and signed.

* *Notes to participant:* **Trust beneficiary:** 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.

Effect of marriage: If you are unmarried at the time of your designation, your beneficiary designation will cease to be effective immediately upon your marriage unless you have designated your spouse as sole primary beneficiary.

Effect of divorce: A divorce decree automatically revokes a designation of your spouse as a beneficiary, unless the decree or a qualified domestic relations order provides otherwise.

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Partnership will pay all sums payable by reason of my death to the primary beneficiary(ies) who are living at the time of my death in proportion to their original percentages so that the total percentages equal 100%. If no primary beneficiary survives me, then the Partnership will pay all sums payable to the contingent beneficiary(ies) who are living at the time of my death in proportion to their original percentages so that the total percentages equal 100%.

Date of this Designation

Signature of Participant

Note: The Beneficiary Designation is invalid without the consent of your spouse unless your spouse is the sole primary beneficiary.

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