Alko Distributors, Inc. 401(k) Plan (356)
BENEFICIARY DESIGNATION FORM

Name: _____   SSN: _____

I hereby designate the following individual(s) as my primary and contingent beneficiaries in the event of my death prior to the date on which my benefits commence to be paid under the Plan. I understand that, by law, if I am married I must name my spouse as my sole primary beneficiary unless I obtain notarized spousal consent.

If a designated primary beneficiary dies prior to the owner, that primary beneficiary's share will be divided equally among the surviving beneficiaries. If no primary beneficiary(ies) survives the participant, benefits will be paid to the contingent beneficiary(ies).

Primary Beneficiary(ies):

Name: _____   Date of Birth: ___ / ___ / ___   SSN: _____

Address: _____   Relationship: _____   Percentage of Benefit: _____ %

Name: _____   Date of Birth: ___ / ___ / ___   SSN: _____

Address: _____   Relationship: _____   Percentage of Benefit: _____ %

Contingent Beneficiary(ies):

Name: _____   Date of Birth: ___ / ___ / ___   SSN: _____

Address: _____   Relationship: _____   Percentage of Benefit: _____ %

Name: _____   Date of Birth: ___ / ___ / ___   SSN: _____

Address: _____   Relationship: _____   Percentage of Benefit: _____ %

_____ Initial here if you would like to designate any additional beneficiaries that do not fit within the spaces provided above. Please write the information on a separate sheet of paper. Sign and date the page, and staple it to this form.

I revoke all previous designations and direct that this acount be distributed upon my death to the designated beneficiary(ies) above. I understand that if I become married in the future, 100% of my account balance will be paid at the time of my death to my surviving spouse unless I file a new beneficiary designation with the required spousal consent.

_____   _____
Participant Signature   Date

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the Employer, and that by doing so, I revoke all prior designations.

SPOUSAL CONSENT: (complete only if married and primary beneficiary is not spouse)
By signing this spousal consent, I verify that I am the spouse of the participant whose name appears on this form. I understand that my spouse has chosen to name someone other than me as the sole primary beneficiary under this plan and that this designation is not valid without my irrevocable consent. I hereby irrevocably consent to the beneficiary designation on this form. I further acknowldge that my consent is irrevocable unless my spouse revokes this designation. I acknowledge that I had the opportunity to consult my attorney or other professional concerning this waiver, if I had so desired.

_____   _____   _____
Spouse Name (Print Name)   Spouse Signature   Date

The Foregoing Spousal Consent was subscribed and sworn before me on _____:
                                                                                                                    Date

_____   _____   _____
Notary Public Name   Notary Signature   State/County

Alko Distributors, Inc. 401(k) Plan (356)
ENROLLMENT FORM

I. Participant Information

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ / _____ / _____ Date of Service: _____ / _____ / _____

I understand that I must return a beneficiary designation form and complete the investment direction section below, whether I elect to make salary deferrals or not.

II. Salary Deferral Contribution Election

I have received the Summary Plan Description and I understand the general requirements of the Plan. I further understand that this election will automatically apply to all future salary adjustments unless I change the election. I understand that the Employer retains the right to amend or revoke my election to limit or reduce any contributions where necessary to comply with applicable law.

- ❑ I elect to contribute _____% of my pay or $_____ before taxes as a Salary Deferral Contribution (pre-tax) each pay period.
- ❑ I do **NOT** elect to have Employee Elective Contributions made on my behalf to the Plan. This election will not prohibit any future election on my part to have Employee Elective Contributions made to the Plan.

III. Investment Direction

I understand that this investment direction shall remain in force until changed and that I have the right to change the percentages indicated at my discretion. Any contributions to your account (payroll deferrals, employer contributions, or rollovers) made before your employer updates your investment selections for your account will be invested in the plan's default fund. Assets will remain in the default fund until you use the participant website to exchange assets into the funds of your choice.

Invest all future contributions as shown below: (must total 100%, whole %'s only)

Fund	%	Fund	%
American Funds Money Market Fund (R2)	%	Legg Mason Partners Short-Term Bond Fund (C)	%
Legg Mason Partners Core Bond Fund (A)	%	American Funds American Balanced Fund (R2)	%
Legg Mason Growth Trust (Pr)	%	Legg Mason Value Fund (Pr)	%
Legg Mason Special Investment Trust (Pr)	%	Legg Mason Opportunity Fund (C)	%
Royce Pennsylvania Mutual Fund (Cnslt)	%	Federated Max-Cap Index Fund (K)	%
American Funds AMCAP Fund (R2)	%	Am. Funds Wash. Mutual Investors Fund (R2)	%
American Funds New Perspective Fund (R2)	%	Am. Funds Cap. World Gro. & Inc. Fund (R2)	%
American Funds EuroPacific Growth Fund (R2)	%		

By signing below I acknowledge that I authorized my employer to withhold from my wages the amount specified in section II. I have received a copy of the Summary Plan Description and I completed a Designation of Beneficiary form.

_____
Participant Signature   Date

_____
Plan Administrator Signature   Date