

BENEFICIARY DESIGNATION FORM

Intelligence Communic & Engineering 401(k) Plan

Name of Employee (First/Middle Initial/Last): _____

Social Security Number (SSN): _____

As an Employee in the Plan, use this form to designate the Beneficiary(ies) who will receive your Plan benefits in the event of your death. Designating beneficiaries is an important decision, and you may want to consult your attorney or financial advisor prior to making your decision. Remember this form only governs benefits under the Plan and is not a substitute for a will. It is important to keep your Beneficiary designation current. Events such as marriage, birth, death or divorce may affect your existing designation. Your Beneficiary designation is effective on the date your completed and signed form is received by the Authorized Employer Representative for your Plan. The most recent form on file cancels and supersedes all previous Beneficiary designations.

Check the appropriate option:

I hereby certify that I am married, and designate as my Beneficiary(ies) the following person(s).
(If Primary Beneficiary is other than spouse, spousal consent is required.)

I hereby certify that I am **not** married, and designate as my Beneficiary(ies) the following person(s).

| Primary Beneficiary(ies) | | | | |
|--|---|--------------|--------------------------------|-----------------------|
| First Name / Middle Initial / Last Name or Name of Trust | Social Security Number or Tax ID Number | Share % | Date of Birth or Date of Trust | Relationship or Trust |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| | | Total = 100% | | |
| Contingent Beneficiary(ies) | | | | |
| First Name / Middle Initial / Last Name or Name of Trust | Social Security Number or Tax ID Number | Share % | Date of Birth or Date of Trust | Relationship or Trust |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| | | Total = 100% | | |

Employee's Signature

Date

SPOUSAL CONSENT (For Married Employees Only):

I hereby approve of, and consent to, the designation of Beneficiary(ies) elected by my spouse above. I understand that in approving a Beneficiary(ies) other than myself, I am waiving my right to any benefit under the Plan. I further understand that this designation will remain in effect until a subsequent Beneficiary(ies) designation with my written consent is filed.

Spouse's Signature

Date

Notary Public

Date

Authorized Employer Representative

An Authorized Representative of the Employer must sign and date this form.

Authorized Employer Representative's Signature

Date

Note: Beneficiary designation information is solely for the use of the Employer. This information shall not be maintained or acted upon by any other party. Please report any change to this information directly to your Employer.

EMPLOYEE DEFERRAL ELECTION
Intelligence Communications 401(k) P/S Plan

Choose one of the following options:

- Initial Election
or
 Change Election

Please print the following information:

Name of Employee (First/Middle Initial/Last): _____

Address: _____

City, State, Zip: _____

Social Security Number (SSN): _____

The elections made on this form supersede any prior elections made. I understand that the information provided on this form is subject to the terms of the Plan, which may change from time to time. I understand that adjustments may be necessary to ensure the Plan's compliance with the Internal Revenue Code.

SALARY DEFERRAL ELECTION

- I elect to contribute _____% of my pay to the Plan (must be in 1% increments).
 I would like to contribute \$_____ each pay period to the Plan (must be in whole dollars).

ELECTION NOT TO DEFER

- I elect not to contribute to the Plan at this time.

ACCOUNT ACCESS INFORMATION

As an Employee in the Plan, you must direct the investment of your future and current contributions by use of the internet website or a toll free number. Please be sure to see your investment advisor and the investment material (prospectus) for information on the investments.

To access and manage your account including balance review, directing your investments, transfers, vesting and more, following are the available options. Please note not all of the options may be available to you based on the set up of your Plan.

Go to www.commonwealth401k.com and select Employee Login. You will be required to provide your User Name and Password. Your User Name is your Social Security Number (without dashes or spaces). Your Password is 010876380. When you log in, you will be asked to choose a new User Name and Password.

Call the Toll Free - Voice Response Unit (VRU) that is available 24 hours a day at 877-581-1023. For VRU access, you will need your SSN and Personal Identification Number (PIN). Your PIN number is the last four digits of your social security number.

Contact the Customer Service Department between 8:00 a.m. and 5:00 p.m. Central Time at 800-426-8550, Option 4.

This election authorizes my Employer to withhold the above deferral election, and shall remain in effect until I revoke or change my election in writing. I further understand that my participation in the Plan is subject to the rules and regulations set forth in the Plan Document and that I am bound by the Plan's rules. My signature indicates my acceptance of the available options for directing current and future investments and accessing Plan options.

Employee's Signature

Date

Authorized Employer Representative

An Authorized Employer Representative must sign and date this form. The Employer must keep this form on file.

Authorized Employer Representative's Signature

Date