

BENEFICIARY DESIGNATION
ICCD, INC.
RETIREMENT PLAN

Section 1: PARTICIPANT INFORMATION

Last Name	First Name	MI	Social Security Number		
Address - Number and Street			City	State	Zip
Date of Birth: ____/____/____					
Current Marital Status: [<input type="checkbox"/>] Single [<input type="checkbox"/>] Married					
()			()		
Work Phone			Home Phone		

Section 2: NOTICE OF SURVIVING SPOUSE'S MINIMUM BENEFIT

In General. If you die before payments to you have begun and your vested account balance is greater than 5,000, 50% of your vested account balance will be paid in the form of a Qualified Preretirement Survivor Annuity ("QPSA") to your surviving spouse. The QPSA is not available if: (i) you and your spouse waive the benefit as provided below, or (ii) the terms of a qualified domestic relations order provide otherwise. The QPSA is an annuity payable for the life of your surviving spouse that is purchased with 50% of your vested account balance at the time of death. The annuity payments may be postponed until the time benefits must commence under the terms of the Plan. In addition, your spouse may elect any other form of benefit permitted by the Plan after your death instead of a QPSA.

Amount of QPSA. The QPSA will be provided by purchasing an annuity contract from an insurance company with 50% of your vested account balance under the Plan. The following is a chart indicating the estimated amount of the monthly QPSA for a surviving spouse using the UP-84 Mortality table, a 5% interest rate and various representative ages for your surviving spouse at the date payments begin.

Annuity Factors (monthly benefit per \$1,000 of account balance)

Age	30	35	40	45	50	55	60	65	70
Factor	\$4.71	\$4.89	\$5.14	\$5.47	\$5.90	\$6.48	\$7.25	\$8.30	\$9.73

For example, if your spouse is age 50 when the QPSA begins and your vested account balance is \$10,000, the amount of the monthly benefit will be \$29.50 (10 x 50% x \$5.90). Please note that there is no guarantee that an annuity contract purchased from an insurer will provide the monthly amounts set forth in the table above. Any commissions or sales charges that are paid to the insurance company in connection the purchase of the annuity contract will reduce your spouse's monthly benefit. You may obtain more accurate information about the levels of monthly income that would be paid to your surviving spouse by contacting Plan Administrator at the address listed below under "Waiver."

Beneficiary Designation. Unless the QPSA is waived, you may not designate that more than 50% of your vested account balance be paid as a death benefit to a beneficiary or beneficiaries other than your surviving spouse. For example, if you designate your parents as beneficiaries and later marry but die without having changed your beneficiary designation, the surviving spouse's QPSA will be deducted automatically before the other 50% of the Participant's vested account balance is paid to your parents. Similarly, if you are married and designate that your vested account balance be divided in equal shares among your surviving spouse and your three children but the QPSA is not waived, your spouse must receive his or her minimum benefit and the remaining 50% of the vested account balance will be divided equally among the three children. Please note that after your death your spouse may elect any other form of benefit permitted by the Plan (e.g., lump sum) instead of a QPSA.

Waiver. The QPSA cannot be waived until after (1) the 06/30 preceding the Participant's 35th birthday, or (2) the last day on which the Participant is employed by a sponsor of the Plan. Even then, the waiver will not be effective unless the spouse gives his or her written consent (Section 4 of this form) or the Participant certifies that he or she does not know the whereabouts of the spouse. To become effective, this form must be properly completed and received by the Plan Administrator, Interdisciplinary Center For Child Development, Inc., 35-55 223rd Street, Bayside, NY 11361.

Section 3: DESIGNATION OF BENEFICIARY

As a Participant in the above Plan, I hereby revoke any prior beneficiary designation and direct that any benefits payable upon my death be paid to the following beneficiary/beneficiaries. The total share for the Primary Beneficiaries must equal 100% and the total share for the Secondary Beneficiaries, if any, must equal 100%. *If you want any Primary Beneficiary's share to go to his/her descendants, check the box to the right titled "Per Stirpes".*

PRIMARY BENEFICIARY(IES):

Name, DOB and Social Security Number	Share	Relation	Address	Per Stirpes

***Selecting Per Stirpes means that if a beneficiary dies before the Plan Participant, the portion of the account to which the beneficiary was entitled will pass to the heirs (living descendants, not beneficiaries) of that beneficiary, if any. If Per Stirpes is not selected and a beneficiary dies before the Plan Participant, that beneficiary's interest in the account balance is forfeited and will pass instead to any remaining primary beneficiaries, or to secondary beneficiaries, as applicable.**

If none of the Primary Beneficiaries designated above survive me and the "Per Stirpes" box is not selected for any of the named Primary Beneficiaries, payment shall be made to the following Secondary Beneficiaries. *If you want any Primary Beneficiary's share to go to his/her descendants, check the box to the right titled "Per Stirpes".*

SECONDARY BENEFICIARY(IES):

Name, DOB and Social Security Number	Share	Relation	Address	Per Stirpes

***Selecting Per Stirpes means that if a beneficiary dies before the Plan Participant, the portion of the account to which the beneficiary was entitled will pass to the heirs (living descendants, not beneficiaries) of that beneficiary, if any. If Per Stirpes is not selected and a beneficiary dies before the Plan Participant, that beneficiary's interest in the account balance is forfeited and will pass instead to any remaining primary beneficiaries, or to secondary beneficiaries, as applicable.**

Unless otherwise specified above, if none of the beneficiaries designated above or their descendant (if Per Stirpes is selected) survive me, payment shall be made pursuant to the applicable provisions of the Plan.

You must check A, B, C or D below:

- [] A. I am not married. I understand that if I do marry, my surviving spouse will be entitled to 100% of my vested account balance unless I file a new Beneficiary Designation with my spouse's written consent.
- [] B. I am married but Section 4 of this form is not completed because I have designated my spouse as the Primary Beneficiary of 100% of my vested account balance.
- [] C. I am married and subject to my spouse's written consent (Section 4 of this form), I have designated that a portion of my vested account balance be paid to one or more Primary Beneficiaries other than my spouse.
- [] D. I am married and I have designated that a portion of my vested account balance be paid to one or more Primary Beneficiaries other than my spouse. Section 4 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.

Dated at _____, this ____ day of _____, 20 ____.
 [City, State]

Witnessed by:

 Signature of Participant

 Name of Participant (print or type)

Section 4: SPOUSE'S CONSENT (Must be completed if Participant checks C above)

I am the spouse of the Participant identified above. I hereby consent to my spouse's designation of the beneficiary(ies) identified above and understand that I am designated to receive less than 100% of the vested account balance. I further acknowledge my understanding that:

1. My spouse's designation that a portion of his or her vested account balance be paid to one or more Primary Beneficiaries other than myself is not valid unless I consent to it;
2. My consent is irrevocable unless my spouse changes his or her designation of beneficiary(ies); and
3. I am waiving the right to the QPSA described in Section 2 of this form.

Dated at _____, this ____ day of _____, 20____.
[City, State]

Signature of Participant's Spouse

Name of Participant's Spouse
(print or type)

Notarized or witnessed by:
Notary Public, State of _____
My Commission (is permanent/expires)

_____ **OR** _____
Authorized Representative of Plan Administrator