

**Chemonics International, Inc.
Employee Stock Ownership Plan (ESOP)
Beneficiary Form**

This form must be completed if you are a participant in the Chemonics Employee Stock Ownership Plan. On this form you will designate a beneficiary, or multiple beneficiaries, to receive benefits from the ESOP if you were to die either during the course of your employment with Chemonics or after your employment has ended. The amount that your beneficiary would be entitled to receive is the same as the benefit that would otherwise be paid to you.

If you do not appoint a beneficiary, or if all of your designated beneficiaries pre-decease you, your beneficiary will be your spouse (if you are married at the time of your death) or your estate (if you are not married at the time of your death). If you are married and wish to designate a beneficiary other than your spouse, your spouse must provide written consent to this designation on the following page. The spouse's consent must be witnessed by a notary public or a plan representative.

You may designate one or more primary beneficiaries and one or more secondary beneficiaries. Benefits will only be paid to a secondary beneficiary if all of your primary beneficiaries pre-decease you.

PERSONAL INFORMATION

Enter information about yourself here. Please print your name clearly exactly as it appears in your employment agreement.

[illegible][illegible][illegible]

Project _____ Title _____ Birth Date _____

PRIMARY BENEFICIARY INFORMATION

Enter information about your PRIMARY beneficiaries here. You must enter at least one beneficiary, and the percent must total 100. If a primary beneficiary pre-deceases you but there are other surviving primary beneficiaries, the percentage that was allocated to the pre-deceased beneficiary will be allocated to the remaining beneficiaries on a pro-rata basis according to the percentages that you assigned to them.

Beneficiary 1		Percent	
Name			
Address			
Birth Date			
Relationship to me			

Beneficiary 2		Percent	
Name			
Address			
Birth Date			
Relationship to me			

Beneficiary 3		Percent	
Name			
Address			
Birth Date			
Relationship to me			

To include additional primary beneficiaries, please add additional pages.

SECONDARY BENEFICIARY INFORMATION

Enter information about your SECONDARY beneficiaries here. You are not required to appoint any secondary beneficiaries but if you do, the percent must total 100. If a secondary beneficiary pre-deceases you but there are other surviving secondary beneficiaries, the percentage that was allocated to the pre-deceased beneficiary will be allocated to the remaining beneficiaries on a pro-rata basis according to the percentages that you assigned to them.

Beneficiary 1	Percent
Name	
Address	
Birth Date	
Relationship to me	

Beneficiary 2	Percent
Name	
Address	
Birth Date	
Relationship to me	

Beneficiary 3	Percent
Name	
Address	
Birth Date	
Relationship to me	

To include additional secondary beneficiaries, please add additional pages.

Signature

Date

SPOUSAL CONSENT

Your spouse is required to complete this Section if he or she is not named as your sole primary beneficiary. The spouse's signature must be witnessed by a plan representative or a notary public.

I am the spouse of _____. I understand that under the terms of the ESOP, I am deemed my spouse's designated beneficiary for any benefits payable under the ESOP, unless my spouse designates another beneficiary(ies) and I provide written consent to that election. By signing below, I hereby consent to my spouse's election of the beneficiary(ies) designated in this Form. I acknowledge that I may not receive any survivor benefits upon my spouse's death. I understand that my spouse cannot elect a different beneficiary(ies) unless I agree to the change. I also understand that my consent is irrevocable unless my spouse revokes this election. I acknowledge that my consent is given knowingly and voluntarily and not as a result of coercion, undue influence or duress.

Spouse Name *(Please print)* _____ SSN _____

Spouse Signature _____ Date _____

Certification of Plan Representative or Notary Public

I certify that the person identified as Spouse personally appeared and is known to me *(or did satisfactorily prove)* to be the person who executed this Form and acknowledged to me that he or she voluntarily executed this Form.

Name of Notary Public or Plan Representative *(Please print)* _____

Signature of Notary Public or Plan Representative _____

State _____ County _____ Date _____

PARTICIPANT SIGNATURE AND INSTRUCTIONS

Complete, sign, date and return the form to:

ESOP Plan Administrator
Chemonics International, Inc.
1275 New Jersey Ave SE, Suite 200
Washington, DC 20003
email: ESOPquestions@chemonics.com

Signature

Date

TO BE COMPLETED BY PLAN ADMINISTRATOR

Form Receipt Date: _____

Plan Administrator Name (please print): _____

Plan Administrator Signature

Date