

Waiver of ESOP Participation

This form is to be completed if you wish to waive participation in the ESOP. Only Local National Staff Employees (LNSEs) may waive participation in the ESOP. A waiver of participation will become effective on the first day of the plan year (January 1) next following the receipt of this waiver by the Plan Administrator and will remain in effect until such time as the LNSE revokes such waiver. Any waiver of plan participation or revocation of such waiver will only become effective on the first day of the plan year next following the receipt of such waiver or revocation form. During plan years for which the LNSE has waived plan participation, the LNSE will be deemed to have \$0 eligible compensation under the ESOP and will not participate in the allocations of employer contributions, forfeitures, or S corporation earnings distributions on unallocated shares. Any existing ESOP balance will continue to participate in earnings allocations.

LNSE WAIVER OF ESOP PARTICIPATION

I certify that the ESOP provisions have been fully explained to me and that I have made the decision below voluntarily and knowingly. I understand that I will receive no replacement benefit as a result of this waiver of ESOP participation.

I choose **not** to participate in the ESOP. If at a later date I wish to participate in the ESOP, I understand that I must submit a *Revocation of Waiver of ESOP Participation* form to the Plan Administrator. I understand that this waiver of participation and any future revocation of this waiver will only become effective on the first day of the plan year next following the receipt of such waiver or revocation form by the Plan Administrator.

[illegible][illegible][illegible]

| Project | Title | Birth Date |
|---------|-------|------------|
|---------|-------|------------|

Signature

Date _____

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

TO BE COMPLETED BY PLAN ADMINISTRATOR

Form Receipt Date: _____ Waiver Effective Date: _____

Plan Administrator Name (please print): _____

Plan Administrator Signature

Date _____

**Chemonics International, Inc.
Employee Stock Ownership Plan (ESOP)
Revocation of Waiver of ESOP Participation**

This form is to be completed if you wish to revoke a prior waiver of participation in the ESOP. A revocation of a waiver of participation will become effective on the first day of the plan year (January 1) next following the receipt of this revocation form by the Plan Administrator and will remain in effect until such time as the LNSE waives participation in the future. Any waiver of plan participation or revocation of such waiver will only become effective on the first day of the plan year next following the receipt of such waiver or revocation form. During plan years for which the LNSE has waived plan participation, the LNSE will be deemed to have \$0 eligible compensation under the ESOP and will not participate in the allocations of employer contributions, forfeitures, or S corporation earnings distributions on unallocated shares. Any existing ESOP balance will continue to participate in earnings allocations.

LNSE REVOCATION OF WAIVER OF ESOP PARTICIPATION

I certify that the ESOP provisions have been fully explained to me and that I have made the decision below voluntarily and knowingly.

I choose to **revoke** my prior waiver of participation and participate in the ESOP. If at a later date I wish to waive participation in the ESOP, I understand that I must submit a *Waiver of ESOP Participation* form to the Plan Administrator. I understand that this revocation of my prior waiver of participation and any future waiver or participation will only become effective on the first day of the plan year next following the receipt of such waiver or revocation form by the Plan Administrator.

[illegible][illegible][illegible]

Project _____ Title _____ Birth Date _____

Signature

Date _____

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

TO BE COMPLETED BY PLAN ADMINISTRATOR

Form Receipt Date: _____ Revocation Effective Date: _____

Plan Administrator Name (please print): _____

Plan Administrator Signature

Date _____