

EXHIBIT “A”

Cozen O'Connor Profit Sharing Plan
Designation of Beneficiary Form

Participant Information
(Please print clearly)

Sarah ELLYN Farley
Name
s.farley@cozen.com
E-mail Address

228-35-8608
Social Security Number
~~77385~~ 773 860.8694
Daytime Phone Number

Present Marital Status
(Check one)

Single Married

Explanation of Qualified Preretirement Survivor Annuity

If you are married when you die, your money purchase pension vested account balance will be used to purchase an annuity providing periodic payments for the life of your surviving spouse. This annuity form of payment is called a "Qualified Preretirement Survivor Annuity" or QPSA. You may waive the QPSA, as long as your spouse consents in writing to the waiver. In addition, after your death, your spouse may choose a form of benefit other than the QPSA.

If you waive the QPSA, you may designate other beneficiaries and/or forms of payment for your vested account only if your spouse consents to the specific beneficiary you designate on this form. If you revoke your waiver of the QPSA, your spouse will again receive death benefits in the form of a QPSA, unless your spouse either (1) consents to a new waiver of the QPSA, or (2) chooses another form of benefit after your death.

Generally, you cannot waive the QPSA until the plan year in which you turn 35. You also may waive the QPSA, with proper consent, prior to the plan year in which you turn 35. However, the QPSA will be automatically reinstated as of the first day of the plan year in which you turn 35. Of course, you can again waive the QPSA at that time, with proper spousal consent. After you have separated from service, you may waive the QPSA, with proper spousal consent, at any time. Such waiver will remain effective until you revoke the waiver or are reemployed.

If you are unmarried and subsequently marry, or marry a different person after you sign this form, your spouse at your death is automatically entitled to a qualified preretirement survivor annuity and this Primary Beneficiary designation no longer applies. Thus be sure to update this form after a change in marital status.

This consent is required only if a married Participant does not name the spouse as the only primary beneficiary. To be effective, the spouse's signature must be notarized.

Beneficiary Designation

I, the undersigned, hereby elect that upon my death the following person(s) shall be my primary and secondary beneficiary(ies) under the plan:

Primary Beneficiary(ies)

Farley Sarah E.
Last Name First M.I.
231-60-8129
Social Security Number
6510 Woodbrook Dr
Street Address
Roanoke, Va. 24018
City State ZIP Code
9-13-46 Mother
Birth Date Relationship
100%
Percent

Farley David M
Last Name First M.I.
231-148-4771
Social Security Number
6510 Woodbrook Dr.
Street Address
Roanoke Va. 24018
City State ZIP Code
3-22-41 Father
Birth Date Relationship
100%
Percent



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- may not change beneficiaries without again getting my consent.
4. I do not have to sign this consent. However, once I do, I cannot revoke my consent.
 5. This consent has no application to the benefits that begin during my spouse's lifetime.
 6. My signature must be witnessed by a Notary Public for my consent to be effective.

Date _____ Spouse's Signature _____

Notarization of Spouse's Signature

State of Illinois County of (or City of) Cook

Sworn to before me this 12 day of September, 2010

[Signature]
Signature of Notary Public

9-12-10
Date

Heather A. Bauer
Name of Notary Public

11-5-11
My Commission Expires

Additional Beneficiaries

Additional Primary Beneficiary(ies)

Last Name _____ First _____ M.I. _____
Social Security Number _____
Street Address _____
City _____ State _____ ZIP Code _____
Birth Date _____ Relationship _____
Percent _____

Last Name _____ First _____ M.I. _____
Social Security Number _____
Street Address _____
City _____ State _____ ZIP Code _____
Birth Date _____ Relationship _____
Percent _____

Additional Secondary Beneficiary(ies)

Last Name _____ First _____ M.I. _____
Social Security Number _____
Street Address _____
City _____ State _____ ZIP Code _____
Birth Date _____ Relationship _____
Percent _____

Last Name _____ First _____ M.I. _____
Social Security Number _____
Street Address _____
City _____ State _____ ZIP Code _____
Birth Date _____ Relationship _____
Percent _____

