Trident Seafoods Corporation 401(k) Retirement Plan

Beneficiary Designation Form

INSTRUCTIONS

Please print clearly in CAPITAL LETTERS, using only blue or black ink. Do not use correction fluid. If you need to change information that you entered, you will need to complete a new form.

Complete all applicable sections. If the form is missing information, the form will be returned to you. The beneficiary designation should not include wording such as "either/or" or "and/or."

Mail to the following address:

Fidelity Investments, PO Box 770003, Cincinnati, OH 45277-0088

If you wish to return your forms using overnight mail, please address your package to:

Fidelity Investments, 100 Crosby Parkway, Covington, KY 41015

BENEFICIARY TYPES

A beneficiary is a person, institution, charitable organization, irrevocable Trust, revocable Trust, or Trust named by you, the participant, to receive payment of benefits provided under the plan in the event of your death. You may designate more than one beneficiary who will share the benefit. You may designate one or more contingent beneficiaries. Contingent beneficiaries will only be entitled to receive payment if none of the primary beneficiaries survive you.

Naming a trust: Provide the name, date and tax identification number of the trust (if available). If there has not been a tax identification number assigned to the trust, provide your Social Security number. The trust must be established prior to the date this form is submitted. **Do not send a copy of the trust agreement.** If available, also provide the name and address of one trustee.

Naming an organization: Please list name, address, and tax identification number. Please note that tax identification number is not required.

FREQUENTLY ASKED QUESTIONS

What is a Primary Beneficiary? A primary beneficiary is your first choice to receive the value of a retirement account.

What is a Contingent Beneficiary? A contingent beneficiary is your second choice to receive the value of a retirement account if the primary beneficiary(ies) is (are) not living at the time of the employee's death. Do not enter the same names you have entered as primary beneficiary(ies).

Can I designate my will as a beneficiary? If you wish to have your plan benefit disbursed in accordance with the terms of your will, you should designate your estate as your beneficiary.

Keep this page for your records. Return the completed form to the service center.

EXAMPLE

The following image provides examples of how to assign a beneficiary designation for a spouse, trust, and estate.

C. PRIMARY BENEFICIARY INFORMATION
The sum of the percentages must equal 100%. If you would like to name more than three primary beneficiaries, please add a separate page to
his form, which includes the applicable beneficiary information with your signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM
First Name or Name of Trust / Estate / Organization
Last Name / Trustee Full Name S M T T H
Street No. Street Name
1 2 3 MAIN STREET State Constitution
City State/Province A N Y T O W N
Zip/ Postal Code Country
5 4 3 2 1 6 7 8 9 UNITED STATES Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN
Beneficiary's Date of Birth or Trust Date
Beneficiary Type: (Check Only One Box) Percentage: 3 3 3 96
Entity: (If Entity, circle type) Trust Estate Organization
First Name or Name of Trust / Estate / Organization
D O E F A M L Y T R U S T
MICHELLE DOE
Street No. Street Name
5 6 FIFTH STREET State/Province
ANYWHERE STATE
Zip/ Postal Code
Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN
0 7 - 0 4 - 1 9 9 2 1 1 2 - 2 4 - 4 5 5 5
Beneficiary Type: (Check Only One Box) Entity: (If Entity, circle type) (Trust) Estate Organization
Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other
Domestic Partner Son Father Brother Nephew Uncle Cousin First Name or Name of Trust / Estate / Organization
ESTATE OF JOHN SMITH
Last Name / Trustee Full Name
Street No. Street Name
LILILILILILILILILILILILILILILILILILILI
Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN
∑ Entity: (If Entity, circle type) Trust Estate Organization
Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other Domestic Partner Son Father Brother Nephew Uncle Coustn
Primary Beneficiary Total Percentage = 100.00 %

Trident Seafoods Corporation 401(k) Retirement Plan

Beneficiary Designation Form

A. ABOUT YOU

Please print clearly in CAPITAL LETTERS , using blue or black ink only. Do not use correction fluid. If you need to change information that you entered, you will need to complete a new form.							
Social Security # (optional): Date of Birth: M M D D Y Y Y Y							
Participant Name (First, MI, Last):							
Participant Address:							
Address Line 2:							
City: State/Province:							
Zip/ Postal Code: Country: Country:							
Marital Status: Single Married							
Federal law generally provides that the spouse of a married participant is automatically the designated beneficiary under qualified retirement plans, unless the spouse consents in writing (section E) to another primary beneficiary designation (Section C) and this consent is witnessed by a Notary public.							
B. YOUR AUTHORIZATION AND DATE							
I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my previous designations made (if any) of primary and contingent beneficiaries for the plans that I have elected in this form, and designate the person(s) listed on this form as my primary beneficiary(ies), and if applicable, contingent beneficiary(ies) for the plans indicated. I understand that this designation will not be valid unless this form is in good order and on file with the plan at the time of my death. If I am married and designating a primary beneficiary(ies) other than my spouse, I understand this designation is invalid without the notarized consent of my spouse.							
Your Signature: (Required) Today's Date: M M D D Y Y Y Y							
Check here if you are making this designation as an agent for the participant under a valid Power of Attorney.							
I understand that I may designate more than one primary beneficiary who will share the benefit in accordance with the percentages designated in Section C. If one or more of the primary beneficiaries does not survive me, the benefit will be allocated proportionately among the remaining primary beneficiaries. I may also designate one or more contingent beneficiaries. A contingent beneficiary would receive payment only if all of the primary beneficiaries I named do not survive me. If one or more of the contingent beneficiaries does not survive me, the benefit will be allocated proportionately among the remaining contingent beneficiaries. If no primary or contingent beneficiaries survive me, then the benefit will be distributed according to the plan's rules.							
By signing and dating this section, you officially designate the person(s) listed on the form as your primary beneficiary(ies), and if applicable, your contingent beneficiary(ies) for this plan. Your beneficiary designation(s) will not be valid unless this form is on file with the plan record-keeper at the time of your death.							

If you choose to name someone other than, or in addition to, your spouse as your Primary Beneficiary(ies), you must have your spouse review Sections A and C. Your spouse must then sign and date this form in Section E and have his or her signature witnessed by a Notary Public. A bank, law office or local government office usually has a Notary Public on staff.

669351.1.0 / Page 1 / Plan 09428 Fidelity Investments Institutional Operations Company Inc.

C. PRIMARY BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three primary beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information with your signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

First Name or Name	of Trust / Estat	te / Organization			
ast Name / Trustee	Full Name				
treet No.		Street Name			
City				State/Province	
Zip/ Postal Code				Country	
Beneficiary's Date of	Birth or Trust	Date	Beneficiary's SSN (o	otional) / Tax ID	Check Here if no SSN
					(for foreign citizen)
⊐□□□□□ Beneficiary Type: (Cł	ueck Only One Box)				
	ntity, circle type)	Trust Estate	Organization		Percentage:
Individual: (If In	1. 100		Daughter Mother	Sister Niece Aunt	Grandparent Other
		Domestic Partn		Brother Nephew Uncle	Cousin
irst Name or Name	of Trust / Estat	te / Organization			
ast Name / Trustee	Full Name				
treet No.		Street Name			
 City	1			State/Province	
Zip/ Postal Code				Country	
⊔ШШШШШ Beneficiary's Date of	Birth or Trust	Date	□□□□□ Beneficiary's SSN (o _l	JUJUJUJU — Tax ID —	Check Here if no SSN
					(for foreign citizen)
шш шш Beneficiary Туре: (С)	eck Only One Box)				
	ntity, circle type)	Trust Estate	Organization		Percentage:
Individual: $\frac{(f) E}{(If In)}$			Daughter Mother	Sister Niece Aunt	Grandparent Other
		Domestic Partn		Brother Nephew Uncle	
First Name or Name	of Trust / Estat	te / Organization			
ast Name / Trustee	Full Name				
treet No.		Street Name			
ity				State/Province	
그[교교] [교교] [교] [Zip/ Postal Code				Country	
———————Beneficiary's Date of	Birth or Trust	Date	Beneficiary's SSN (o	JUJUJUJU — Tax ID —	Check Here if no SSN
		Dute			(for foreign citizen)
 Beneficiary Type: (CF	neck Only One Real				
	ntity, circle type)	Trust Estate	Organization		Percentage:
Individual: (If In			Daughter Mother	Sister Niece Aunt	Grandparent Other
		Domestic Partn		Brother Nephew Uncle	
OTE: Don't fo	rget to sign	Section B		Primary Bene	ficiary Total Percentage = 100.0
	0				,

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D. CONTINGENT BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three contingent beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information with your signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

1	First Name or Name of Trust / Estate / Organization
	Last Name / Trustee Full Name
	Street No. Street Name
	City State/Province
	Zip/ Postal Code Country
	Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN
	(for foreign citizen)
	Entity: (If Entity, circle type) Trust Estate Organization Percentage: We have the set of the control of of the
	Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other
	Domestic Partner Son Father Brother Nephew Uncle Cousin
2	First Name or Name of Trust / Estate / Organization
_	
	Last Name / Trustee Full Name
	Street No. Street Name
	City State/Province
	Zip/ Postal Code Country
	Zip/ Postal Code Country
	Para Chinal Data C Birth on Tout Data
	Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN (for foreign citizen)
	Beneficiary Type: (Check Only One Box) Percentage: W
	Entity: (If Entity, circle type) Trust Estate Organization Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other
	Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other Domestic Partner Son Father Brother Nephew Uncle Cousin
3	First Name or Name of Trust / Estate / Organization
	Last Name / Trustee Full Name
	Street No. Street Name
	Street No. Street Name
	City State/Province
	City State/Province
	Zip/ Postal Code Country
	Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN (for foreign citizen)
	Beneficiary Type: (Check Only One Box) Percentage: W
	Entity: (If Entity, circle type) Trust Estate Organization
	Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other Domestic Partner Son Father Brother Nephew Uncle Cousin

NOTE: Don't forget to sign page Section B 3.EPCP09428002.100

Contingent Beneficiary Total Percentage = 100.00 %

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E. YOUR SPOUSE'S CONSENT

I hereby consent to the beneficiary designation(s) on this form and acknowledge that (1) I am the spouse of the plan participant listed in Section A, and I am entitled to receive my spouse's vested benefit from the plan if my spouse is vested and dies; (2) the effect of such designation is to cause my spouse's vested benefit, or a portion of it, to be paid to a primary beneficiary other than me; (3) my spouse cannot change the primary beneficiary(ies) named in Section C to anyone other than myself, unless I consent to the new designation; (4) each beneficiary designation selected in Section C is not valid unless I consent to it and (5) my consent is irrevocable unless my spouse changes or revokes the respect beneficiary designation. My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Spouse's Signature:	Today's Date:
To be completed by a Notary Public: On this day of, 20, before me the undersigned notary public, personally appeared (spouse's name)	
, proved to me through satisfactory evidence of identification, which were, to be the person whose name is signed on the preceding or attached document and acknowledged to me	
that (he) (she) signed for its stated purpose.	
My commission expires:	Notary stamp must be in the box above