

ALEXANDER & BALDWIN, INC.

- PROFIT SHARING RETIREMENT PLAN AND/OR
- INDIVIDUAL DEFERRED COMPENSATION PLAN

BENEFICIARY DESIGNATION

Please Print

NAME: _____ SOCIAL SECURITY NO. _____
 (Last) (First) (Initial)

IN THE EVENT OF MY DEATH, I HEREBY DESIGNATE THE FOLLOWING AS MY BENEFICIARY TO RECEIVE ALL PAYMENTS DUE UNDER THE A&B PROFIT SHARING RETIREMENT PLAN AND/OR INDIVIDUAL DEFERRED COMPENSATION PLAN. I UNDERSTAND THAT A DESIGNATION OF ANY PERSON OTHER THAN (OR IN ADDITION TO) MY SPOUSE AS BENEFICIARY WILL NOT BE EFFECTIVE UNLESS MY SPOUSE FILES THE REQUIRED WRITTEN CONSENT TO SUCH DESIGNATION ON THE **CONSENT TO BENEFICIARY DESIGNATION** FORM. THIS REVOKES ANY AND ALL PRIOR BENEFICIARY DESIGNATIONS AND WILL BECOME EFFECTIVE WHEN THE COMPLETED FORM(S) IS ACCEPTED BY THE HUMAN RESOURCES DEPARTMENT.

NAME OF BENEFICIARY _____
 (Last) (First) (Middle) (Relationship) (Birthdate—if under 18)

ADDRESS _____
 (Number and Street) (City) (State) (Zip)

If space above is not suitable for the designation, please use this space:

I RESERVE THE RIGHT TO CHANGE MY DESIGNATION OF BENEFICIARY AT ANY TIME BY FILING A NEW **BENEFICIARY DESIGNATION** FORM. IF THE BENEFICIARY I HAVE NAMED SHOULD PREDECEASE ME, AND IF I HAVE NAMED NO OTHER BENEFICIARY, I DIRECT THAT PAYMENTS DUE UNDER THE PLAN(S) SHALL BE PAID AS PROVIDED IN THE PLAN(S).

DATE _____ EMPLOYEE'S SIGNATURE _____

ACCEPTED BY
 HUMAN RESOURCES DEPARTMENT:

DATE _____ BY _____

(Return to Human Resources Department)

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CONSENT TO BENEFICIARY DESIGNATION

This form is to be completed by the spouse of an employee who designates a person other than (or in addition to) the employee's spouse as the beneficiary of the employee's accounts under the A&B Profit Sharing Retirement Plan and/or Individual Deferred Compensation Plan.

Employee: _____ Social Security No. _____
 (Last) (First) (Initial)

Spouse: _____ Social Security No. _____
 (Last) (First) (Initial)

As the spouse of the employee named above, I hereby acknowledge that my spouse has on the **BENEFICIARY DESIGNATION** form designated a person other than (or in addition to) me as the beneficiary of all or part of the benefits to which my spouse may become entitled under the A&B Profit Sharing Retirement Plan and/or Individual Deferred Compensation Plan.

I hereby consent to my spouse's designation of such other person as beneficiary under the A&B Profit Sharing Retirement Plan and/or Individual Deferred Compensation Plan. I understand that were my consent not given to such designation, I would be entitled under law to receive the entire balance credited to my spouse's accounts under the A&B Profit Sharing Retirement Plan and/or Individual Compensation Plan at the time of death.

Spouse's Signature: _____

Date: _____

STATE OF _____)
) ss.
 COUNTY OF _____)

On this _____ day of _____, 20 ____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed.

Notary Public in and for the
above named State and County

My commission expires: