

# Beneficiary Designation Form for The Appleton Group LLC Retirement Savings Plan

Employee Name (Last, First, Middle Initial)	Effective Date of Election	Social Security Number
Date of Birth (Month/Day/Year)	Date of Employment (Month/Day/Year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

## Beneficiary Designation

I hereby designate as beneficiary for any death benefits to be paid under the plan the person(s) named below:

Class	Name of Beneficiary/Social Security Number	Relationship to Participant	Date of Birth	Address
Primary				
Contingent				

## Participant's Marital Status

- I am NOT married. I understand that if I become married in the future, the designation above will no longer be effective and I should complete a new beneficiary designation form.
- I AM married. If my spouse is not the primary beneficiary, my spouse has signed the consent below. I understand that if my marital status changes, this designation will remain in effect until I file a new designation or remarry.

I understand that under certain circumstances, plan benefits including life insurance proceeds payable to the plan trustees, may be payable on my death to the beneficiaries named by me. The beneficiaries named are in the order of their eligibility to receive payment. Contingent beneficiaries will be those who will receive the proceeds if my primary beneficiaries die before me. Surviving beneficiaries in any class share equally unless otherwise specified. "Child" or "Children," unless without modification, includes only lawful bodily issue or first generation or legally adopted persons. I reserve the right to revoke and change my beneficiary I do not designate as "irrevocable."

## Spousal Consent

I certify that I am the spouse of the participant and that I have read this form as completed and signed by my spouse. I consent only to the alternate beneficiary designation shown on this form. I understand I am waiving any rights that I otherwise have to receive benefits under the Plan upon the death of my spouse. I also understand that if a subsequent change is made, by my spouse, to the beneficiary designation, I must consent to such change.

Signature of Spouse	Date
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## Witnessing of Spousal Consent

If the spouse of the participant is not the only Primary beneficiary, Federal Law requires that the consent by the spouse be witnessed by a Notary Public or the Plan Administrator.

NOTARY PUBLIC

Signature of Witness Plan Administrator or Notary Public	Title	Date
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## Participant/Plan Administrator Authorization

I hereby request my participation in the above-named plan be initiated according to this direction. All investment allocations, beneficiary designations and deferral amounts elected or required remain in effect until I notify my employer of a change.

Signature of Participant	Date
Signature of Plan Administrator	Date