

# PI InterLink Beneficiary Designation

To the Trustee of the Appleton Area School District Employee Savings Plan ("Plan")

Participant  
SSN

█	█	█	█	█	█	█	█	█	█	█	█
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Participant  
Name

\_\_\_\_\_

Please Print

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Account Balance under the Plan payable by reason of my death. If additional beneficiaries exist, please attach a separate page.

### Primary Beneficiary(ies):\*

Name: _____	Gender: ___ Male ___ Female	Address 1: _____										
SSN: <table border="1" style="display: inline-table; width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">█</td><td style="width: 10%;">█</td><td style="width: 10%;">█</td><td style="width: 10%;">█</td><td style="width: 10%;">█</td><td style="width: 10%;">█</td><td style="width: 10%;">█</td><td style="width: 10%;">█</td><td style="width: 10%;">█</td><td style="width: 10%;">█</td></tr></table>	█	█	█	█	█	█	█	█	█	█	Relationship: _____	Address 2: _____
█	█	█	█	█	█	█	█	█	█			
Date of Birth: _____	Share % _____	City, State Zip: _____										

  

Name: _____	Gender: ___ Male ___ Female	Address 1: _____										
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█	█	█	█	█	█	█	█	█	█			
Date of Birth: _____	Share % _____	City, State Zip: _____										

### Contingent Beneficiary (ies):\* (if no primary beneficiaries survive me)

Name: _____	Gender: ___ Male ___ Female	Address 1: _____										
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Name: _____	Gender: ___ Male ___ Female	Address 1: _____										
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█	█	█	█	█	█	█	█	█	█			
Date of Birth: _____	Share % _____	City, State Zip: _____										

**\* Notes to participant:** *Trust beneficiary:* If you name a trust as a beneficiary, the trustee also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death. The plan administrator will provide you or the trustee with the additional forms you must complete. *Estate Planning.* If you are not certain how the death distribution of your plan account affects the disposition of your entire estate, or if you have any questions regarding the estate planning consequences of your beneficiary designation, you may wish to consult with a professional tax advisor before completing this Beneficiary Designation Form. *Effect of marriage.* See below regarding spousal consent requirements if you are married and wish to name someone other than your spouse as your sole primary beneficiary. If you are unmarried at the time of your designation, your beneficiary designation will cease to be effective immediately upon your marriage unless you have designated your spouse as the sole primary beneficiary. *Effect of divorce.* A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a beneficiary, unless the decree or a qualified domestic relations order provides otherwise.

**I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.** The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

I certify that I am presently: \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Married / Date of Marriage \_\_\_\_\_

\_\_\_\_\_  
Date of this Designation

\_\_\_\_\_  
Signature of Participant

**IF YOU ARE MARRIED AND WISH TO DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE AS SOLE PRIMARY BENEFICIARY, PLEASE REVIEW APPLICABLE SPOUSAL CONSENT REQUIREMENTS.** This Designation of Beneficiary is invalid without the consent of your spouse unless your spouse is the sole primary beneficiary or, under a prior beneficiary designation, your spouse waived the right to consent to any change in your beneficiary designation.

**CONSENT OF SPOUSE**

(Required if primary beneficiary is other than 100% spouse)

I, the undersigned spouse of the Participant named in the foregoing "Beneficiary Designation", hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation is my spouse's account balance under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation [Choose (a) or (b)]:

(a) I understand I must file a similar consent to the new designation, or my consent is no longer effective.

(b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary designated on the reverse side of this form by checking box (a).

I \_\_\_\_\_ have executed this consent on \_\_\_\_\_.  
Signature of spouse of participant Date

The Signature of spouse was witnessed on \_\_\_\_\_,  
Date

in the presence of: \_\_\_\_\_  
Plan Representative

**OR**

STATE OF \_\_\_\_\_ ( \_\_\_\_\_ )  
( ss. \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ( \_\_\_\_\_ )

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above Consent of Spouse as a free and voluntary act.  
Spouse

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal on \_\_\_\_\_.  
Seal

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_  
Date