



APT ADVANCED POLYMER TECHNOLOGY
CORP. 401(K) PS PLAN

DESIGNATION OF BENEFICIARY FORM

Division (if applicable): _____

Name of Employee (First, Middle, Last) _____

Social Security Number _____

Address _____

Date of Birth _____

City, State, ZIP Code _____

Date of Hire _____

PARTICIPANT'S CERTIFICATION

I hereby certify that I am a participant in the above-named plan. The details of said plan have been made available to me, and I hereby acknowledge receipt of the Summary Plan Description. I agree to abide by all of the rules and regulations set forth in the plan, and, with respect to any amount payable under the plan by reason of my death, certify that I am [] MARRIED* [] UNMARRIED**

[] Initial Designation [] Change in Designation

* As certified by my signature below, I understand that, as a married Participant in the plan, any amount payable under the plan by reason of my death must be paid to my surviving spouse unless I choose another beneficiary, and my spouse consents in writing to that choice (see below). I further understand that, in the event of a divorce, I must complete and sign a new beneficiary form.

** As certified by my signature below, I understand that, as an unmarried plan participant, I am designating the person (s) or entity named below and the beneficiary of my death benefit. However, I understand that if I hereafter marry, this designation will be revoked, and I must immediately inform the administrator of the change in my marital status.

I hereby designate the following to be beneficiary (ies), such designation(s) to supersede any prior designation(s):

Primary Beneficiary (ies): [] Spouse Only OR [] Other as Designated Below

Table with 4 columns: Beneficiary 1, Beneficiary 2, Beneficiary 3. Rows include Name, Address, Social Security #, Relationship, Date of Birth.

If I am not survived by any of the Primary Beneficiary(ies), then the following shall be my Secondary Beneficiary (ies):

Table with 4 columns: Beneficiary 1, Beneficiary 2, Beneficiary 3. Rows include Name, Address, Social Security #, Relationship, Date of Birth.

I understand that where I have designated more than one beneficiary, unless I have specified otherwise, the Primary Beneficiary (ies) or the Secondary Beneficiary (ies) who survive me shall share equally in any payment(s) from the plan. I also understand that I have the right to change a beneficiary without the consent of the beneficiary. I further understand that if I am married, and I designate someone other than my spouse as my sole beneficiary, or in addition to my spouse, then my spouse must sign and date the following Spousal Consent section in the presence of a Notary Public or Plan Representative.

Participant's Signature _____ Date _____

SPOUSAL CONSENT

I, _____, understand that I am not the sole beneficiary. I recognize that I may not receive any benefits under this plan. I further understand that once I sign this Spousal Consent, I may not revoke it.

Spouse's Signature _____ Date _____

(Notary Seal) Sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public or Plan Representative _____

