



# Beneficiary Change Form

## 1 GENERAL INFORMATION

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Account Number
---	----------------

## 2 BENEFICIARIES

- Please designate at least one Primary beneficiary.
- If primary beneficiary is a Trust, please supply a copy of the Trust documents.

**Select Beneficiary Type:**  Primary  Contingent

**SELECT ONE:**  Individual  Trust/Charity/Organization

Individual Name or Name of Trust/Charity/Organization	Social Security Number/Tax ID	Relationship (if selected individual)	Share %
---	-------------------------------	---------------------------------------	---------

Address	Phone	Birthdate/Date of Establishment
---------	-------	---------------------------------

**Select Beneficiary Type:**  Primary  Contingent

**SELECT ONE:**  Individual  Trust/Charity/Organization

Individual Name or Name of Trust/Charity/Organization	Social Security Number/Tax ID	Relationship (if selected individual)	Share %
---	-------------------------------	---------------------------------------	---------

Address	Phone	Birthdate/Date of Establishment
---------	-------	---------------------------------

**Select Beneficiary Type:**  Primary  Contingent

**SELECT ONE:**  Individual  Trust/Charity/Organization

Individual Name or Name of Trust/Charity/Organization	Social Security Number/Tax ID	Relationship (if selected individual)	Share %
---	-------------------------------	---------------------------------------	---------

Address	Phone	Birthdate/Date of Establishment
---------	-------	---------------------------------

**Select Beneficiary Type:**  Primary  Contingent

**SELECT ONE:**  Individual  Trust/Charity/Organization

Individual Name or Name of Trust/Charity/Organization	Social Security Number/Tax ID	Relationship (if selected individual)	Share %
---	-------------------------------	---------------------------------------	---------

Address	Phone	Birthdate/Date of Establishment
---------	-------	---------------------------------

**Select Beneficiary Type:**  Primary  Contingent

**SELECT ONE:**  Individual  Trust/Charity/Organization

Individual Name or Name of Trust/Charity/Organization	Social Security Number/Tax ID	Relationship (if selected individual)	Share %
---	-------------------------------	---------------------------------------	---------

Address	Phone	Birthdate/Date of Establishment
---------	-------	---------------------------------

**Select Beneficiary Type:**  Primary  Contingent

**SELECT ONE:**  Individual  Trust/Charity/Organization

Individual Name or Name of Trust/Charity/Organization	Social Security Number/Tax ID	Relationship (if selected individual)	Share %
---	-------------------------------	---------------------------------------	---------

Address	Phone	Birthdate/Date of Establishment
---------	-------	---------------------------------

Please continue to page two for signature...



## 3 SIGNATURE AND ACKNOWLEDGEMENT

### Account Holder/Trustee Signature

In the event of my death, or the last surviving joint tenant to transfer upon their death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

**I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Administrator.**

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Account Holder/Trustee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Spousal Consent *(only required if your spouse is not the primary beneficiary see note below).*

The consent of spouse must be signed only if all of the following conditions are present: a. Your spouse is living; b. Your spouse is not the sole primary beneficiary name and; c. You and your spouse are residents of a community property state (such as AZ, CA, LA, ID, NV, NM, TX, WA or WI). I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary form and I understand that I have a property interest in the account. I hereby acknowledge and consent to the above Designation of beneficiary other than or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Administrator.

I, \_\_\_\_\_ hereby consent to the above Beneficiary designation.

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_