

Name: _____

Account Number: _____

Social Security Number: _____

Date of Birth: _____

Email Address: _____

Phone: (____) _____

Beneficiary Designation

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the beneficiaries will be deemed to own equal share percentages. If no beneficiaries are named, my estate will be my beneficiary.

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date of Birth: _____ Relationship: _____

Date of Birth: _____ Relationship: _____

Tax ID (SSN/TIN): _____

Tax ID (SSN/TIN) _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date of Birth: _____ Relationship: _____

Date of Birth: _____ Relationship: _____

Tax ID (SSN/TIN): _____

Tax ID (SSN/TIN): _____

Contingent Beneficiaries (If more than one beneficiary is indicated, the beneficiaries will be deemed to own equal share percentages. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the owner.)

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date of Birth: _____ Relationship: _____

Date of Birth: _____ Relationship: _____

Tax ID (SSN/TIN): _____

Tax ID (SSN/TIN) _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date of Birth: _____ Relationship: _____

Date of Birth: _____ Relationship: _____

Tax ID (SSN/TIN): _____

Tax ID (SSN/TIN): _____

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me regarding my beneficiary designations.

I designate the persons or entities named above as my primary and/or contingent beneficiaries. I hereby revoke all prior beneficiary designations, if any, made by me.

X _____
Signature of Account Holder

Date: _____

X _____
Signature of Witness

Date: _____