

**1 ACCOUNT INFORMATION**

ACCOUNT OWNER'S NAME	ACCOUNT NUMBER
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**2 BENEFICIARY DESIGNATION**

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the Account. **Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. Share percentages must equal 100%.**

If any primary or contingent beneficiary predeceases you, his or her interest shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis, unless Per Stirpes is designated and the beneficiary has descendant(s). If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my Account.

<input type="checkbox"/> Add New Beneficiary	NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	BENEFICIARY TYPE <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
<input type="checkbox"/> Edit Existing Beneficiary	ADDRESS			PERCENTAGE
<input type="checkbox"/> Remove Existing Beneficiary	CITY	STATE	ZIP CODE	RELATIONSHIP
<input type="checkbox"/> Add New Beneficiary	NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	BENEFICIARY TYPE <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
<input type="checkbox"/> Edit Existing Beneficiary	ADDRESS			PERCENTAGE
<input type="checkbox"/> Remove Existing Beneficiary	CITY	STATE	ZIP CODE	RELATIONSHIP
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<input type="checkbox"/> Edit Existing Beneficiary	ADDRESS			PERCENTAGE
<input type="checkbox"/> Remove Existing Beneficiary	CITY	STATE	ZIP CODE	RELATIONSHIP
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<input type="checkbox"/> Edit Existing Beneficiary	ADDRESS			PERCENTAGE
<input type="checkbox"/> Remove Existing Beneficiary	CITY	STATE	ZIP CODE	RELATIONSHIP

**If you are designating an Estate or Trust as a beneficiary, please fill out the boxes below.**

<input type="checkbox"/> Add New Beneficiary	TRUST/ENTITY NAME	TAX ID #	BENEFICIARY TYPE <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
<input type="checkbox"/> Edit Existing Beneficiary	ADDRESS		PERCENTAGE
<input type="checkbox"/> Remove Existing Beneficiary	CITY	STATE	ZIP CODE
	DATE OF ESTABLISHMENT		
	CONTACT NAME	PHONE	

*If you are currently required to take a Required Minimum Distribution, a change of beneficiary may change this amount.*

**3 SIGN and DATE**

This section should be reviewed if either the trust or the residence of the Account Owner is located in a community or marital property state and the Account Owner is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor. **Applicable only in community property states (currently Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).**

**CURRENT MARITAL STATUS:**  **I am not married** – I understand that if I become married in the future, I must complete a new Change of Beneficiary form.

**I am married** – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

**CONSENT OF SPOUSE:** I am the spouse of the aforementioned Account Owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this Account, I have been advised to see a tax professional.

I hereby give the Account Owner any interest I have in the funds or property deposited in this Account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

SIGNATURE OF SPOUSE	DATE
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I hereby release the Custodian from and indemnify it for any and all claims arising from the Custodian's actions hereunder. I understand this Change of Beneficiary will be effective on the date of receipt by the Custodian and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. Accordingly, I hereby revoke my beneficiary designations made previously with respect to this Account.

ACCOUNT OWNER'S SIGNATURE	DATE	SIGNATURE OF CUSTODIAN	DATE
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