

**1 PARTICIPANT INFORMATION**

PLAN NAME			
PARTICIPANT NAME			
ADDRESS	CITY	STATE	ZIP CODE
BROKERAGE FIRM AND ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	PHONE NUMBER	

**2 BENEFICIARY DESIGNATIONS**

I hereby designate the following individuals as primary and contingent beneficiaries of my accumulated benefits which will be paid by reason of my death under the provisions of the plan. The trustee shall pay all accumulated benefits under the plan by reason of death to the primary beneficiary(ies), and if no primary beneficiary(ies) shall survive, then to the spouse (if any) or to the estate of the Participant. If more than one beneficiary is designated, such beneficiaries share equally unless otherwise specified. The trustee shall make payment in accordance with the most recent beneficiary data sheet, which is on file with the plan sponsor. This beneficiary designation will supercede any and all previous beneficiary designations. The right to revoke or change any beneficiary designation is hereby reserved. All prior beneficiary designations (if any) are hereby revoked. If the beneficiary is a Trust, please attach a signed copy of the Trust document. **Note: Please check the appropriate Primary or Contingent box for each beneficiary. Percentages must total 100.**

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	NAME			SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	ALLOCATION PERCENTAGE	RELATIONSHIP	PHONE NUMBER	
	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	NAME			SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	ALLOCATION PERCENTAGE	RELATIONSHIP	PHONE NUMBER	
	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	NAME			SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	ALLOCATION PERCENTAGE	RELATIONSHIP	PHONE NUMBER	
	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	NAME			SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	ALLOCATION PERCENTAGE	RELATIONSHIP	PHONE NUMBER	
	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	NAME			SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	ALLOCATION PERCENTAGE	RELATIONSHIP	PHONE NUMBER	
	ADDRESS		CITY	STATE	ZIP CODE

**3 PARTICIPANT CERTIFICATION OF MARITAL STATUS**

- I am Single
- I am Married
- I am Married and have no knowledge of the whereabouts of my Spouse.

**4 SPOUSE'S CONSENT AND WAIVER**

I am the spouse of the Participant. Due to the significant tax consequences associated with giving up my interest in the account, Equity Trust Company has not provided me with legal or tax advice, but has advised me to see a tax or legal professional. I acknowledge that I have received a fair and reasonable disclosure of the Participant's assets or property and any financial obligations for a community property state. In the event I have a legal interest in the account's assets, I hereby give to the Participant such interest in the assets held in the account and consent to the beneficiary designation set forth on this form. I acknowledge that I shall have no claim whatsoever against Equity Trust for any payment to my spouse's named Beneficiary(ies). Applicable only in common property states (currently Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).

SPOUSE'S SIGNATURE

DATE

**5 PARTICIPANT SIGNATURE**

I hereby release the Trustee from and indemnify it for any and all claims arising from the Trustee's actions hereunder. I understand this Designation or Change of Beneficiary will be effective on the date of receipt by the Trustee 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. I have the right to change this designation of beneficiary and to designate a new beneficiary at any time by completing a new Beneficiary Designation /Change Form or in another format approved by the Trustee. If none of my beneficiaries survive me, I direct that any balance in this account be paid to my estate. I understand that some state's laws require married individuals to name their spouse as beneficiary. I further understand that the Trustee cannot give me legal advice and I agree to consult with my own tax professional for advice.

PARTICIPANT SIGNATURE REQUIRED

DATE

Complete separate forms for participating owners and participating spouses.

### 1 IMPORTANT INFORMATION

- Beneficiary designations are legal documents stating who is to receive the death benefits and how benefits are to be paid. Without this designation benefits will be paid to your surviving spouse, or if none, your estate.  
At any time, the beneficiary information can be changed to reflect a new designation by completing a Beneficiary Designation form. Your beneficiary designation is effective only when filed with Equity Trust Company during your lifetime. The form may be sent by mail, fax or email ([DTS@EquityInstitutional.com](mailto:DTS@EquityInstitutional.com)). Please retain a copy of this form for your records.
- Upon your death, your designated beneficiary may designate his or her own beneficiary to receive any remaining assets in the account.
- If your designated beneficiary is your spouse (designated either by name or relationship or both), your divorce, or annulment or other legal termination of your marriage will automatically revoke your beneficiary designation.
- Please consult with your tax and/or legal advisor on the enforceability of your beneficiary designation under your particular state laws.

### 2 UNACCEPTABLE DESIGNATIONS and LANGUAGE

- Last Will and Testament.
- Animals named as beneficiaries.
- Per Stirpes or use of the word "issue" because in it's legal sense includes all lineal descendants, regardless of how remote the relationship.
- Words like "per, or, and/or" cannot be used because it does not clearly explain how the assets should be distributed.
- Altered forms or items crossed out. The form must be clear and complete.

### 3 SAMPLE DESIGNATIONS

	Name	Relationship	Address	Allocation Percentage
One Beneficiary	John Smith	Father	#####	100%
Two Beneficiaries	John Smith Mary Smith	Father Mother	##### #####	50% 50%
Primary and Contingent	Mary Smith-Primary John Smith-Contingent	Mother Brother	##### #####	100% 100%
Estate	My Estate			100%
Trust	XXX Trust	(Trust Name) established (Date of Trust Agreement) *Attach a copy of trust	#####	100%
Testamentary Trust	John Smith/ABC Bank	Trust created by the Last Will and Testament of the participant *Attach a copy of trust	#####	100%
Minor Children	Consult with your attorney for directions when naming minor children as beneficiaries.			