



CHANGE OF BENEFICIARY FORM

QP Services

WHEN TO USE THIS FORM

Use this form when you need to add, change or remove a beneficiary on your account with Equity Institutional, a division of Equity Trust Company.

Primary Beneficiary(ies) - The person(s) or entity you choose to receive your account upon your death. In the event that a designated primary beneficiary predeceases the Account Holder, their share will be shared equally between the remaining primary beneficiary(ies).

Contingent Beneficiary(ies) - The person(s) or entity you choose to receive your account if the primary beneficiary(ies) pass away (or the entity dissolves) before your death. In the event that a designated contingent beneficiary predeceases the Account Holder, the account will be shared equally between the remaining contingent beneficiary(ies).

INSTRUCTIONS & GUIDELINES

When completing the *Change of Beneficiary form* please follow these guidelines:

- Provide complete information for each beneficiary.
- If designating a Trust, a copy of the Trust must be submitted with this form.
- Sign and date the bottom of the form and send or fax document to Equity Institutional.

CONTACT INFORMATION

PHYSICAL ADDRESS:

Equity Institutional
Attn: QP Services
1 Equity Way
Westlake, OH 44145

WEBSITE:

www.EquityInstitutional.com

For assistance, please contact a Client Service Representative at:

PHONE:

800-955-3434 (option 3)

Or e-mail questions to:

E-MAIL:

QPServices@EquityInstitutional.com

SUBMISSION OPTIONS

OVERNIGHT:

Equity Institutional
Attn: QP Services
1 Equity Way
Westlake, OH 44145

REGULAR MAIL:

Equity Institutional
Attn: QP Services
P. O. Box 450710
Westlake, OH 44145

FAX:

(254) 772-9752

BY E-MAIL:

QPServices@EquityInstitutional.com

DO NOT FAX OR MAIL THIS COVER PAGE

INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE

1 ACCOUNT INFORMATION

PLAN NAME		ACCOUNT NUMBER
PARTICIPANT NAME	SOCIAL SECURITY NUMBER	

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.**

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

Add the following beneficiary(ies)
 Change existing beneficiary(ies) to the following
 Remove the following beneficiary(ies)

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

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

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

If you are designating an Estate or Trust as a beneficiary, please fill out the boxes below. If designating a Trust, a copy of the Trust must be submitted with this form.

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

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

3 SIGNATURES

Spousal Consent: I am the spouse of the Account Holder. Because of the significant consequences associated with giving up my interest in the Account, Equity Institutional has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the Account Holder's assets or property and any financial obligations for a community property state. In the event I have a legal interest in the Account assets, I hereby give to the Account Holder such interest in the assets held in the Account and consent the beneficiary designation set forth on this form. I acknowledge that I shall have no claim whatsoever against Equity Institutional 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).**

Signature of Spouse _____

Date _____

I hereby release the Custodian from and indemnify it for any and all claims arising from the Custodian's actions hereunder. I understand this Designation or 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. I have the right to change this designation of beneficiary and to designate a new beneficiary at any time by completing a new **Designation or Change of Beneficiary** form or in another format approved by the Custodian. 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 Custodian cannot give me legal advice and I agree to consult with my own tax professional for advice.

Signature of Account Holder _____

Date _____

Signature of Custodian _____

Date _____