Beneficiary Designation

Review the following content thoroughly. Upon review, print the documents and obtain the required signatures, as applicable, to finish designating beneficiaries for the account.

| OWNER INFORMATION | м | FINANCIAL ORGANIZATION INFORMATION Financial Organization | | |
|-------------------|----------------|--|-------|--|
| | First | | | |
| Tax ID | Date of Birth | | | |
| Account Type | Account Number | | Email | |
| | | | Phone | |

DEATH BENEFICIARY DESIGNATION

The balance of the account will be paid to the primary beneficiaries upon the account owner's death. If all primary beneficiaries die before the account owner, the balance in the account will be paid to the contingent beneficiaries. If a beneficiary dies before the account owner, that individual's portion will be distributed on a pro-rata basis to the remaining beneficiaries within the same category (primary or contingent). If an individual is listed as both a primary and contingent beneficiary, the beneficiary will be designated as a primary beneficiary. If percentages are not assigned, or the total percentage for a category is greater than 100 percent, the beneficiaries within that category will share equal portions. If the total percentage for a beneficiary category is less than 100 percent, the remaining percentage will be divided equally among the beneficiaries within that category.

PRIMARY BENEFICIARIES

| Beneficiary/Address | Tax ID | Date of Birth | Phone | Email | Relationship | Percent |
|---------------------|--------|---------------|-------|-------|--------------|---------|
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CONTINGENT BENEFICIARIES

| Beneficiary/Address | Tax ID | Date of Birth | Phone | Email | Relationship | Percent |
|---------------------|--------|---------------|-------|-------|--------------|---------|
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SIGNATURE

By signing this **Beneficiary Designation**, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I assume all responsibilities for the elections I have made, including those related to naming a non-spouse beneficiary, if I am married. I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have not received any legal or tax advice from the Custodian and any assistance provided by the Custodian is not to be construed as such.

| Print Account Owner Name | Int Owner Name Account Owner Signature | |
|-------------------------------------|--|------|
| | | |
| | count Owner and agree with and consent to my spouse's designation t advisor and I assume all responsibility regarding this consent. The | |
| Print Spouse Name | Spouse Signature | Date |
| | | |
| Print Custodian Representative Name | Custodian Representative Signature | Date |
| | | |

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