

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			FINANCIAL ORGANIZATION INFORMATION
Last Name	First	MI	Financial Organization
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
			1	1		

CONTINGENT BENEFICIARIES Beneficiary/Address Tax ID Date of Birth **Email** Relationship Phone Percent **SIGNATURE** By signing this Beneficiary Designation, I certify that the information I have provided is true, correct, and complete, and the Trustee 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 Trustee harmless from any consequences related to executing my directions. I have not received any legal or tax advice from the Trustee and any assistance provided by the Trustee is not to be construed as such. Account Owner Signature Print Account Owner Name Date

By signing below, I acknowledge that I am the spouse of the Account Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee has not provided me any legal or tax advice.

Print Spouse Name

Spouse Signature

Date

Print Trustee Representative Name

Trustee Representative Signature

Date

Beneficiary Designation for # © 2022 Superior IRA & HSA, LLC