



Account Number \_\_\_\_\_

Rep ID \_\_\_\_\_ Alternate Branch \_\_\_\_\_

**ADDITIONAL BENEFICIARY DESIGNATION**

**CLIENT INFORMATION**

Name and Address	Account Type <input type="checkbox"/> IRA/SEP <input type="checkbox"/> Custodial Qualified Plan <input type="checkbox"/> Roth <input type="checkbox"/> Self-Trusted Qualified Plan <input type="checkbox"/> 403(b) <input type="checkbox"/> TOD <input type="checkbox"/> SIMPLE
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**BENEFICIARY DESIGNATION**

Relationship Definitions: S=Spouse N=Nonspouse E=Entity T=Trust (Mark one in the box provided.)

At each Beneficiary designation, indicate if such Beneficiary dies before you, how their portion should be paid:

**Pro Rata** – To the remaining primary Beneficiaries named on this form proportionate to their relative percentages (or if there are no remaining primary Beneficiaries, to the contingent Beneficiaries listed).

**Per Stirpes** – Equally to such Beneficiary’s descendants, who survive you, by right of representation.

Please note, if no selection is made the Pro Rata designator will apply.

Beneficiary Name and Address	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/EIN
		Date of Birth	%
		<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes	
Beneficiary Name and Address	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/EIN
		Date of Birth	%
		<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes	
Beneficiary Name and Address	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/EIN
		Date of Birth	%
		<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes	
Beneficiary Name and Address	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/EIN
		Date of Birth	%
		<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes	
Beneficiary Name and Address	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/EIN
		Date of Birth	%
		<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes	

**SIGNATURES**

By signing below, I acknowledge the information provided on this form is true, correct and complete.

Client Signature	Date	Print Name
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