



Beneficiary Update Form

Pay-On-Death Designation

Name: _____

Account #: _____

- Assign** – I designate the individual(s) named below as my beneficiary(ies).
- Replace** – I designate the individual(s) or entity named below as my new beneficiary(ies) and hereby revoke all prior beneficiary designations.
- Add** – I designate the individual(s) or entity named below as my beneficiary(ies) in addition to all beneficiary(ies) previously designated.
- Remove** – I remove the individual(s) or entity named below as my beneficiary(ies).

Beneficiary #1			
Name	Social Security Number	Date of Birth	Percentage %
Address			
Email	Phone	Relationship	
Beneficiary #2			
Name	Social Security Number	Date of Birth	Percentage %
Address			
Email	Phone	Relationship	
Beneficiary #3			
Name	Social Security Number	Date of Birth	Percentage %
Address			
Email	Phone	Relationship	
Beneficiary #4			
Name	Social Security Number	Date of Birth	Percentage %
Address			
Email	Phone	Relationship	
Legal Trust - <i>*A Legal Trust designation shall supersede any named individual beneficiary(ies).</i>			
Trust Name		Trustee	

In the event of death of all owners on this account, beneficiary(ies) will receive any and all amounts in the prime share and sub-accounts. I agree and understand that payees receive the proceeds of all accounts on which they are named equally.

Signature: _____

Date: _____