

BENEFICIARY DESIGNATION FORM

I. ACCOUNT HOLDER INFORMATION

The Account Holder: _____

Social Security Number: _____

Date of Birth: _____ day of _____, 20 _____

Phone Number: _____

Email Address: _____

Address: _____

II. ACCOUNT OR POLICY DETAILS

This Beneficiary Designation applies to the following account, policy, or plan (the "Account"):

Name of Financial Institution/Insurer/Plan Administrator: _____

Account or Policy Number: _____

Type of Account (Check one):

- Life Insurance Policy
- 401(k) / Retirement Plan
- Individual Retirement Account (IRA)
- Checking / Savings Account (Payable on Death)
- Brokerage Account (Transfer on Death)
- Health Savings Account (HSA)
- Other: _____

III. DESIGNATION OF PRIMARY BENEFICIARY(IES)

I hereby designate the individual(s) or entity(ies) listed below as my Primary Beneficiary(ies) to receive the proceeds, assets, or benefits of the Account upon my death. If more than one Primary Beneficiary is named, the proceeds shall be distributed equally unless specific percentages are indicated. The total percentage must equal 100%.

Primary Beneficiary 1

Name: _____

Relationship: _____

Social Security / Tax ID Number: _____

Date of Birth / Incorporation: _____ day of _____, 20 _____

Address: _____

Percentage of Share: _____ %

Primary Beneficiary 2

Name: _____

Relationship: _____

Social Security / Tax ID Number: _____

Date of Birth / Incorporation: _____ day of _____, 20 _____

Address: _____

Percentage of Share: _____ %

Primary Beneficiary 3

Name: _____

Relationship: _____

Social Security / Tax ID Number: _____

Date of Birth / Incorporation: _____ day of _____, 20 _____

Address: _____

Percentage of Share: _____ %

IV. DESIGNATION OF CONTINGENT BENEFICIARY(IES)

I hereby designate the individual(s) or entity(ies) listed below as my Contingent (Secondary) Beneficiary(ies). The Contingent Beneficiary(ies) shall only receive proceeds if ALL Primary Beneficiaries predecease me.

Contingent Beneficiary 1

Name: _____

Relationship: _____

Social Security / Tax ID Number: _____

Date of Birth / Incorporation: _____ day of _____, 20 _____

Address: _____

Percentage of Share: _____ %

Contingent Beneficiary 2

Name: _____

Relationship: _____

Social Security / Tax ID Number: _____

Date of Birth / Incorporation: _____ day of _____, 20 _____

Address: _____

Percentage of Share: _____ %

V. SPOUSAL CONSENT

Note: This section is required if the Account Holder is married and resides in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) or if this is an ERISA-governed plan, and the Account Holder names someone other than their spouse as the sole Primary Beneficiary.

Marital Status of Account Holder (Check one):

Single / Widowed / Divorced (Spousal consent not required)
 Married (Complete section below)

I, the undersigned spouse of the Account Holder, hereby consent to the beneficiary designation(s) set forth in this document. I relinquish any community property interest or other rights I may have in the Account to the extent necessary to give effect to this designation.

The Spouse: _____

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

VI. TERMS AND CONDITIONS

1. Revocation of Prior Designations.

By signing this form, I hereby revoke any and all prior beneficiary designations made by me for the Account specified in Section II. This designation supersedes all previous instructions.

2. Per Stirpes vs. Per Capita.

Unless explicitly stated otherwise in the "Special Instructions" section below, if a named beneficiary predeceases the Account Holder, their share shall be distributed *per capita* to the remaining beneficiaries in that class (Primary or Contingent). If no beneficiaries in a class survive, the proceeds shall pass to the next class or the Account Holder's estate.

3. Minors.

If a beneficiary is a minor at the time of distribution, the proceeds may be held in a custodial account or trust until the minor reaches the age of majority, subject to applicable state laws and the policies of the Financial Institution/Insurer.

4. Governing Law.

This designation shall be governed by and construed in accordance with the laws of the State of: _____, without regard to its conflict of laws principles, or by federal law where applicable (e.g., ERISA).

5. Tax Consequences.

The Account Holder acknowledges that the transfer of assets upon death may have tax consequences. The Financial Institution/Insurer is not responsible for providing tax advice.

6. Severability.

If any provision of this document is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

7. Special Instructions.

Any specific instructions regarding the distribution of assets (e.g., specific per stirpes designations or trust details) are as follows:

VII. SIGNATURE AND AUTHORIZATION

I certify that I am the owner of the Account identified in Section II and that I have the legal capacity to execute this Beneficiary Designation Form. I understand that this designation will remain in effect until I submit a subsequent valid designation or until the Account is closed.

THE ACCOUNT HOLDER

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

WITNESSES (IF REQUIRED BY LAW)

Note: Some states or specific plan types require witnesses for beneficiary changes. If unsure, it is recommended to have two independent witnesses sign.

Witness 1

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

Witness 2

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

VIII. NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On this _____ day of _____, 20 _____, before me, the undersigned Notary Public, personally appeared _____ (Name of Account Holder), known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public: _____

My Commission Expires: _____ day of _____, 20_____

(Seal)