

Beneficiary Change Form

ACCOUNT #

I designate the following person(s) or entity(ies) below as my beneficiary(ies) to receive payment of the value of my retirement account upon my death.

STEP 1 Account Holder Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	<input type="checkbox"/> Single	<input type="checkbox"/> Married
	Marital Status	

STEP 2 Beneficiary Designation

If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information.

<input type="checkbox"/> Primary	<input type="text"/>		
<input type="checkbox"/> Contingent	Beneficiary's Name (first, middle, last) or Entity Name		
<input type="text"/>			
Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Telephone Number	Evening Telephone Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Date of Birth (month day year)	Percentage Share	Relationship to Participant

<input type="checkbox"/> Primary	<input type="text"/>		
<input type="checkbox"/> Contingent	Beneficiary's Name (first, middle, last) or Entity Name		
<input type="text"/>			
Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Telephone Number	Evening Telephone Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Date of Birth (month day year)	Percentage Share	Relationship to Participant

<input type="checkbox"/> Primary	<input type="text"/>		
<input type="checkbox"/> Contingent	Beneficiary's Name (first, middle, last) or Entity Name		
<input type="text"/>			
Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Telephone Number	Evening Telephone Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Date of Birth (month day year)	Percentage Share	Relationship to Participant

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the Plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate.

I understand that I may change or revoke this designation at any time by completing a new Beneficiary Change Form during my lifetime with ASPire. It will become effective when ASPire receives it.

<input type="text"/>	<input type="text"/>
ACCOUNT HOLDER SIGNATURE	Date (month day year)

If I live in a state with community property statutes and do not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

Spousal Waiver: I hereby consent to the above beneficiary designation.

<input type="text"/>	<input type="text"/>
SPOUSE SIGNATURE	Date (month day year)

Signed before me _____ day of _____, 20_____.

<input type="text"/>	<input type="text"/>
ADVISOR OR NOTARY SIGNATURE	Date (month day year)

County of _____ State of _____ Commission expiration date _____.