

BENEFICIARY CHANGE AUTHORIZATION



Client/Participant \_\_\_\_\_ Soc. Sec./Tax ID \_\_\_\_\_

Type of Accounts: [ ] All Accounts [ ] §403(b) [ ] §457 [ ] IRA [ ] Roth IRA [ ] Simple IRA [ ] SEP [ ] §401(a) [ ] Roth §403(b) [ ] Personal §401(k) [ ] Roth §401(k) Other(s) \_\_\_\_\_

Beneficiaries: I designate the following person(s) as my beneficiary(ies) under the account agreement in the event of my death. If I have named a trust as primary beneficiary, I have attached a copy of the pages of the trust that identify the name of the trust, the state the trust was created in, who the trustees and successor trustees are, and any signature pages.

[ P ] = Primary – mandatory. The total percent of all primary beneficiaries must add up to 100%.

[ C ] = Contingent – optional. The total percent of all contingent beneficiaries must add up to 100%. This would only be used if all primary beneficiaries are deceased.

☑ = Enter P for Primary or C for Contingent.

[ ] Name \_\_\_\_\_ Soc. Sec./Tax ID # \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

[ ] Name \_\_\_\_\_ Soc. Sec./Tax ID # \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ Address \_\_\_\_\_ [ ] Same address as above City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

[ ] Name \_\_\_\_\_ Soc. Sec./Tax ID # \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Percent \_\_\_\_\_ Address \_\_\_\_\_ [ ] Same address as above City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use page 2 of this form for additional beneficiaries or attach sheet.

SPOUSAL CONSENT (For use in community or marital property states including: AZ, CA, ID, LA, NV, NM, TX, WA, WI)

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary Beneficiary, your spouse must sign this form below. In addition, if required in your state, the form must be signed in the presence of a Notary Public.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this Retirement Plan, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this Retirement Plan and consent to give the Beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Required in community or marital property states:

Signature of Spouse : \_\_\_\_\_ Date: \_\_\_\_\_

Print Name : \_\_\_\_\_

SIGNATURE REQUIRED

Client signature → X \_\_\_\_\_ Date \_\_\_\_\_

Accepted By \_\_\_\_\_ (ADSERV, Agent for FTC, Custodian)

MAIL to The Legend Group, New Business, PO Box 32427, Palm Beach Gardens, FL 33420-9974

FAX to 561-626-6465. For questions call New Business at 561-694-0110.

LEGEND USE ONLY: Processor and date: \_\_\_\_\_ MUST Verify signature: [ ] OK [ ] No PW Legend Custodian: [ ] Yes [ ] No Notes: \_\_\_\_\_ Notify fund companies: \_\_\_\_\_

