



BENEFICIARY DESIGNATION CHANGE FORM

13905 W. Wainwright Dr.
Boise, ID 83713
Phone: (866) 377-3311
Fax: (208) 376-4567

1. ACCOUNT HOLDER INFORMATION

Account Holder Name: _____ Account Number: _____

SSN: _____ Email: _____ Phone Number: _____

Account Holder: _____ I designate the following person(s) named below as my primary and/or Contingent Beneficiaries of my plan. If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shared (or in the specified shares, as indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro-rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate. If no beneficiaries are named, my estate will be my beneficiary.

I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date

Primary Contingent Name: _____ SSN: _____ Birthdate: _____
Address: _____ Relationship: _____
City: _____ State: _____ ZIP: _____ Share: _____ %

Primary Contingent Name: _____ SSN: _____ Birthdate: _____
Address: _____ Relationship: _____
City: _____ State: _____ ZIP: _____ Share: _____ %

Primary Contingent Name: _____ SSN: _____ Birthdate: _____
Address: _____ Relationship: _____
City: _____ State: _____ ZIP: _____ Share: _____ %

Primary Contingent Name: _____ SSN: _____ Birthdate: _____
Address: _____ Relationship: _____
City: _____ State: _____ ZIP: _____ Share: _____ %

Primary Contingent Name: _____ SSN: _____ Birthdate: _____
Address: _____ Relationship: _____
City: _____ State: _____ ZIP: _____ Share: _____ %

2. CONSENT OF SPOUSE & ACCOUNT HOLDER SIGNATURE

(Only required if your spouse is not the primary beneficiary)

I consent to the above Beneficiary Designation.

Signature of Spouse: _____ Date: _____

Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.) Disclaimer for Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

Account Holder Signature: _____ Date: _____