



## Beneficiary Designation Change Form

PO Box 9  
Cedar City, UT 84721  
Phone: 888-328-8008  
Fax: 435-867-1042

### Part 1 Account Owner Information

NAME (as it appears in your account application)	IRA EXPRESS ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		PHONE NUMBER

### Part 2 Who Are Your Beneficiaries?

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 shares (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 I named a Beneficiary which is a Trust, I understand that I must supply a copy or abstract of the Trust.

1. <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT		
NAME		SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP	RELATIONSHIP
DATE OF BIRTH	SHARE %	
2. <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT		
NAME		SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP	RELATIONSHIP
DATE OF BIRTH	SHARE %	
3. <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT		
NAME		SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP	RELATIONSHIP
DATE OF BIRTH	SHARE %	
4. <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT		
NAME		SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP	RELATIONSHIP
DATE OF BIRTH	SHARE %	

### PART 3 Account Owner Signature

I understand that I may change or add beneficiaries at any time by completing this form and submitting it to the Administrator. I acknowledge that any Beneficiary Designation Form currently on file will be superseded by this form.

SIGNATURE	DATE
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### **PART 4** Spousal Consent *(Only required if your spouse is not named the primary beneficiary)*

The consent of spouse must be signed only if all of the following conditions are present:

- A. Your spouse is not the sole primary beneficiary named and;
- B. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA, or WI)

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary Form and I understand that I have a legal interest in the account. I hereby acknowledge and consent to the above Designation of Beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, \_\_\_\_\_, hereby consent to the above Beneficiary designation.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_