

BENEFICIARY DESIGNATION/CHANGE



FORM INSTRUCTIONS:

Use this form if you'd like to change beneficiaries on an existing account. This form may be used for Individual or Employer Sponsored Plan accounts. Please use multiple forms if you have multiple accounts.

PERSONAL INFORMATION:

Account Holder Name: _____ Next Generation Account #: _____

Legal Address (Required) _____

City, State, Zip _____

Date of Birth (MM/DD/YYYY) Social Security Number (Required) - -

PLEASE INDICATE BENEFICIARIES:

I hereby revoke any prior beneficiary designation made by me and designate the persons named below as the Primary and/or Contingent Beneficiaries of this account. A beneficiary shall be deemed to be a Primary Beneficiary if the Primary or Contingent box is not selected for said beneficiary. In the event of my demise, Primary Beneficiaries who survive me shall receive the assets of the account in equal shares (or in the specified shares, as designated). If all Primary Beneficiaries pre-decease me, Contingent Beneficiaries who survive me shall receive the assets of the account in equal shares (or in the specified shares, as designated). A Primary or Contingent beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, in the event that the aforementioned beneficiary does not survive me. In such cases, the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. In the event that there are no surviving Primary or Contingent Beneficiaries, remaining assets of the account shall be distributed to my estate in accordance with the plan provisions.

Primary Contingent

Name _____ SSN _____

Address _____ Relationship _____

City _____ Date of Birth _____

State _____ Zip _____ Share _____

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

Primary Contingent

Name _____ SSN _____

Address _____ Relationship _____

City _____ Date of Birth _____

State _____ Zip _____ Share _____

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Primary Contingent

Name _____ SSN _____

Address _____ Relationship _____

City _____ Date of Birth _____

State _____ Zip _____ Share _____

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

SPOUSAL CONSENT: (Only required if your spouse is not the primary beneficiary—see note below.)

This section is to be completed if your legal residence is in a Community Property State and your spouse has not been designated as your Primary Beneficiary with 100% share.

I, _____ (name of spouse) hereby approve the above beneficiary designation.

Signature of Spouse _____ Date _____

ACCOUNT OWNER SIGNATURE:

I understand that I may change or add beneficiaries at any time by completing the Change of Beneficiary form and submitting the original to Next Generation Trust Services.

Signature of Participant _____ Date _____

ACCEPTANCE:

The Administrator acknowledges and accepts receipt of this IRA Beneficiary Designation or Change Form.

Authorized Signatory of Administrator _____ Date _____