

CHANGE / DESIGNATION OF BENEFICIARY

! This form will void all prior beneficiary designations associated with this account.

PART 1. ACCOUNT OWNER INFORMATION

First Name: M.I.: Last Name: Account #:

Last 4 SSN: Date of Birth: (MM/DD/YYYY) Email Address:

Check here to apply this change to all accounts owned by the above listed account owner.

PART 2. SPOUSAL CONSENT

Account owners who are married and live in the following states: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI are subject to the laws of community property. Community property requires that the married account owner list their spouse as the primary beneficiary with a share percentage of 100%. Should the account owner choose to list someone other than their spouse, spousal consent is required.

Please complete the questions below to determine if spousal consent is required:

Do you reside in a community property state? (AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI) Yes No

Are you currently married? Yes No

Did you name someone other than your spouse as the primary beneficiary with a share percentage of 100%? Yes No

! Spousal Consent is required if you have answered "Yes" to all of the questions listed above. If the answer to any of the questions is "No," spousal consent is not required.

Consent of Spouse

I acknowledge that I am the spouse of the Account Owner. I understand that as a spouse living in a community property state, I may have a property interest in the account and a right to relinquish my interest. I understand that I must provide consent for the Account Owner to designate a beneficiary other than or in addition to myself. I have been advised to consult a competent legal or tax advisor prior to consenting to the beneficiary designation below.

Signature of Spouse: Spouse Name: (Print or Type) Date: (MM/DD/YYYY)

PART 3. BENEFICIARY DESIGNATION

Upon the death of the account owner, the assets held in this account are to be paid to the beneficiaries listed below. The distributions are as follows, individuals or entities listed as the primary beneficiary will inherit first. Should the individuals or entities listed as primary beneficiary predecease the account owner, the assets will then be divided on a pro rata basis to the remaining primary beneficiaries or go to the then listed contingent beneficiaries if there is no primary beneficiary remaining. Should all listed beneficiaries predecease the account owner or if no beneficiaries are listed, the assets will be paid to the account owner's estate. If the account owner fails to list a share percentage, the beneficiaries are deemed to all receive equal shares. Account owners who are married and live in the following states: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI are subject to the laws of community property requiring the account owner to list their spouse as primary beneficiary with a share of 100% or obtain spousal consent.

! The total share percentage for primary beneficiaries must total 100% and the total share percentage for contingent beneficiaries must total 100%. Partial percentages will not be accepted.

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

Beneficiary 1.

Primary Beneficiary Contingent Beneficiary

First Name or Trust/Charity Name:	Last Name or Trust/Charity Type:	Share %:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	City:	State: Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN or EIN:	Date of Birth or Trust Establishment Date:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 2.

Primary Beneficiary Contingent Beneficiary

First Name or Trust/Charity Name:	Last Name or Trust/Charity Type:	Share %:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	City:	State: Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN or EIN:	Date of Birth or Trust Establishment Date:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 3.

Primary Beneficiary Contingent Beneficiary

First Name or Trust/Charity Name:	Last Name or Trust/Charity Type:	Share %:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	City:	State: Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN or EIN:	Date of Birth or Trust Establishment Date:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 4.

Primary Beneficiary

Contingent Beneficiary

First Name or Trust/Charity Name: [] Last Name or Trust/Charity Type: [] Share %: []

Address: [] City: [] State: [] Zip: []

SSN or EIN: [] Date of Birth or Trust Establishment Date: [] Relationship: []

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached: []

PART 4. ACCOUNT OWNER AUTHORIZATION

I understand that this beneficiary designation supersedes and voids any prior designations listed on my Digital Trust account(s). I further understand that I may change or add beneficiaries listed on my account(s) at any time.

Signature of Account Owner: [] Account Owner Name: (Print or Type) [] Date: (MM/DD/YYYY) []