

Change of Account Holder Information

Primary Contingent ____ Designated Percentage	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
	Mailing Address:	City, State, Zip Code:
	Mobile Phone Number:	Email Address:
	Beneficiary is: An individual A trust (please submit a copy of trust agreement) Other (Custodianship, Charity, Corporation, etc.)	
Primary Contingent ____ Designated Percentage	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
	Mailing Address:	City, State, Zip Code:
	Mobile Phone Number:	Email Address:
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SPOUSAL CONSENT (Only required if spouse is not primary beneficiary in community property state)

If you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI residents only) and you named someone other than your spouse as primary beneficiary or your spouse is not 100% primary beneficiary, this section must be completed. The Custodian disclaims any warranty as to the effectiveness of the Account Holder's beneficiary designation or as to the ownership of the account after the death of the Account Holder's spouse. For additional information, please contact your legal advisor.

I am the spouse of the account owner and I consent to the named beneficiaries other than or in addition to myself.

Signature of Spouse: _____ Date: _____

Signature

I authorize the above changes to my contact or beneficiary information.

Signature of Account Holder: _____ Date: _____