

DESIGNATION FORM / BENEFICIARY / PAYMENT ON DEATH

OFFICE USE ONLY

Received Date	By
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By completing this section, you authorize us to pay the principal and accrued interest on your Certificate to the named beneficiary, custodian or Section 501(c)(3) tax-exempt organization designated below, after your death (or in the case of joint tenants, after both of your deaths). Please fill-in the name, address and social security number (or Tax I.D. number) of your intended beneficiaries. Beneficiary designations may be changed or revoked by notice sent to us prior to the death of the Certificate holder.

Primary Owner Date of Birth SSN

Co-Owner Owner Date of Birth SSN

This is a change of beneficiary **Date:** _____

Beneficiaries

1

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input style="width: 40px; height: 20px;" type="text"/> Distribution	Name of Individual or Institution SSN or EIN if Institution
	Address City State Zip
	Date of Birth Phone 1 Phone 2

2

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input style="width: 40px; height: 20px;" type="text"/> Distribution	Name of Individual or Institution SSN or EIN if Institution
	Address City State Zip
	Date of Birth Phone 1 Phone 2

3

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input style="width: 40px; height: 20px;" type="text"/> Distribution	Name of Individual or Institution SSN or EIN if Institution
	Address City State Zip
	Date of Birth Phone 1 Phone 2

4

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input style="width: 40px; height: 20px;" type="text"/> Distribution	Name of Individual or Institution SSN or EIN if Institution
	Address City State Zip
	Date of Birth Phone 1 Phone 2

5

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent % <input style="width: 40px; height: 20px;" type="text"/> Distribution	Name of Individual or Institution SSN or EIN if Institution
	Address City State Zip
	Date of Birth Phone 1 Phone 2

X _____
 Primary Signature Print Name Date

X _____
 Co-Owner Signature Print Name Date