



Qualified Retirement Plan Beneficiary Designation Addendum

This form may only be used to supplement an Individual 401(k) application or qualified retirement plan beneficiary designation form to name more beneficiaries than can be accommodated on these forms. Complete additional addendums if necessary.

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8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1 Plan Participant Information

First Name MI Last Name

Email Last Four Digits of Social Security Number Account Number

Form Type and Date (Select and attach the supplemented form)

Original Individual 401(k) Application Qualified Retirement Plan Beneficiary Designation Form Dated

Section 2 Beneficiary Information

I designate the beneficiaries named below, in addition to the beneficiaries named on the attached form, as beneficiaries of this retirement plan.

All fields must be completed.

Primary Contingent Share Percentage % (Whole percentages only)
First Name MI Last Name
Address City State Zip
Tax ID (SSN/TIN) Date of Birth (mm/dd/yyyy) Relationship

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First Name MI Last Name
Address City State Zip
Tax ID (SSN/TIN) Date of Birth (mm/dd/yyyy) Relationship

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