

VIP Services: (888) 855-9856 | info@trustprovident.com
8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1 Account Owner Information

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number		Account Number
<input type="text"/>	<input type="text"/>		<input type="text"/>

Section 2 Joint Owner Information

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number		Account Number
<input type="text"/>	<input type="text"/>		<input type="text"/>

Section 3 Payable on Death Beneficiary Information

Upon the death of the last surviving account owner, I/we designate the assets in this account be paid to the Payable on Death (POD) beneficiaries named below. The interest of any POD beneficiary that predeceases the last surviving account owner terminates immediately, and the percentage share of any remaining POD beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, the estate of the last surviving account owner will be the POD beneficiary of this account.

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Share Percentage	<input type="text"/>	%
First Name	MI	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tax ID (SSN/TIN)	Date of Birth (mm/dd/yyyy)	Relationship		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Share Percentage	<input type="text"/>	%
First Name	MI	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tax ID (SSN/TIN)	Date of Birth (mm/dd/yyyy)	Relationship		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

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

Check here if additional Beneficiaries are listed on the attached form. If applicable, total number of addendums attached to this POD

NOTE: The total percentage must equal 100%. If more than one POD beneficiary is listed and no percentages are indicated, the POD beneficiaries will be deemed to own equal share percentages in the account. If primary and contingent POD beneficiaries are named, the account will be payable to contingent POD beneficiaries if all primary POD beneficiaries have predeceased the last surviving account owner.

Section 4 Spousal Consent (If applicable)

Complete this section if you are married, have not named your spouse as your sole primary beneficiary, and are subject to the laws of the following community or marital property states: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI.

CURRENT MARITAL STATUS

- I Am Not Married – I understand that if I become married in the future, I should review the requirements for spousal consent.
- I Am Married – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named account owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional.

I hereby relinquish any interest that I may have in this account and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

NOTE: Do not sign below until you are in the presence of the authorized notary providing the notary services.

X _____
 Spouse's Signature Date (mm/dd/yyyy)

(Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)

STATE OF SS:
 COUNTY OF

This document was acknowledged before me on (date (mm/dd/yyyy)) by
 (name of spouse), who certifies the correctness of the signature of such spouse.

X _____
 Signature of Notary Public Date (mm/dd/yyyy)

Notary Public's Name (First, Middle Initial, Last)

My commission expires (Date (mm/dd/yyyy))

Notary to Place Seal Here

Section 5

Account Owner Authorization

I/we understand that I/we may replace my beneficiary designation at any time by completing and delivering a Beneficiary Form Payable on Death to the custodian. The custodian has provided no tax or legal advice to me regarding my Payable on Death designations.

X

Account Owner Signature

Account Owner Name *(Please type or print)*

Date *(mm/dd/yyyy)*

X

Joint Owner Signature

Joint Owner Name *(Please type or print)*

Date *(mm/dd/yyyy)*



Before submitting this form, please review all information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

Email to: newaccounts@trustprovident.com

Fax to: (702) 253-7565