



# 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

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

Primary  Contingent Share Percentage  % (Whole percentages only)  
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