

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

This beneficiary designation overrides all previous designations for this plan.

Section 1 Plan Participant Information

First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Last 4 Digits of Social Security Number	Account Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Plan	Name of Employer		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 Current Marital Status

- I Am Not Married** – I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- I Am Married** – I understand that my spouse will be my primary beneficiary. However, I understand I may designate a primary beneficiary other than or in addition to my spouse if my spouse consents to my designation.

Section 3 Beneficiary Information

I designate that upon my death, the assets in my plan account be paid to the beneficiaries named below. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentages indicated will also be deemed to share equally. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no primary beneficiaries survive me, the contingent beneficiaries shall acquire the designated share of the account.

All fields must be completed.

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Share Percentage	<input type="text"/>	% (Whole percentages only)
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"/>	% (Whole percentages only)
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"/>		

If you are naming an entity (e.g., trust, estate, charity) as beneficiary, please complete the following information.

Primary Contingent Share Percentage % *(Whole percentages only)*

Name of Entity/Trust/Estate Entity/Trust/Estate Tax ID Date of Registration/Creation (mm/dd/yyyy)

Address City State Zip

Trustee, Executor, or Authorized Signer Name

NOTE: The total share percentage indicated for primary beneficiaries and the total share percentage indicated for contingent beneficiaries must total 100%.

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this plan

Section 4 Spousal Consent *(If applicable)*

Complete this section if you are married and your spouse is not named as your only primary beneficiary.

I am the spouse of the above-named participant. 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 qualified retirement plan. I have been advised to see a tax professional.

I hereby give the participant any interest I have in the funds and/or property deposited in this qualified retirement plan 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

COUNTY OF SS:

This document was acknowledged before me on (date) 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 Participant Authorization

I understand that I may replace my beneficiary designations at any time by completing and delivering a Beneficiary Designation form to the custodian. The custodian has provided no tax or legal advice to me regarding my beneficiary designations.

I designate the persons or entities named above as my primary and/or contingent beneficiaries of this qualified retirement plan. I hereby revoke all prior beneficiary designations, if any, made by me.

X _____

Participant Signature _____ Participant 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