

Beneficiary Designation

Retirement Plans

Instructions: Please submit the completed and signed form directly to Fiduciary Trust Company of NH by using one of the following submission methods:

Email: FTC@dtsystems.com
 Fax: (816) 218-0421

USPS Mail:
 Fiduciary Trust Company of NH
 PO Box 219638
 Kansas City MO 64121-9638

Overnight Mail:
 Fiduciary Trust Company of NH
 430 W. 7th Street, Suite 219638
 Kansas City, MO 64105-1407

Section I: Registration Information

1. Account Type (select one)

- 403(b)
 SIMPLE IRA
 SEP IRA
 One-Participant Owner-Only Profit Sharing
 Governmental 457 Plan
 Individual(k)
 Beneficiary
 One-Participant Owner-Only Money Purchase

2. Account Information

Plan ID <input style="width: 95%;" type="text"/>	Name of Employer (403(b), SEP, SIMPLE, and 457 Plans only) <input style="width: 95%;" type="text"/>
Name of Individual/Participant (please print) <input style="width: 95%;" type="text"/>	Social Security Number <input style="width: 95%;" type="text"/>

Marital Status (select one):

- Not Married: My Beneficiary Designation is indicated below.
 Married: Residents of Community Property States (AZ, CA, ID, LA, NM, NV, TX, WA, WI, and Puerto Rico) should also complete Section IV.

Section II: Primary Beneficiary(ies)

1. Select option A or B (If no option is selected, Option B will be the default)

- A. The benefits shall be paid to the Primary Beneficiary(ies) named below if living at the time of the Individual's death, or, if any such beneficiary is deceased, then to that beneficiary's lineal descendants, per stirpes, in the proportions indicated.
 - If Option A is selected, complete remainder of Sections II.2 and V.
 - Section VI is required for those residing in Marital and Community Property States.
- B. The benefits shall be paid to the Primary Beneficiary(ies) named below who survive(s) me in the proportions indicated. If any Primary Beneficiary does not survive me, the portion to which each living Primary Beneficiary is entitled, shall be increased proportionally. If no person(s) designated below as Primary Beneficiary(ies) is/are living at the time of the Individual's death, I hereby designate the person(s) named below as Contingent Beneficiary(ies) to receive any benefits paid. If any Contingent Beneficiary(ies) does/do not survive me, the portion to which each living Contingent Beneficiary is entitled, shall be increased proportionally.
 - If Option B is selected, complete remainder of Sections II, III, and V.
 - Section VI is required for those residing in Marital and Community Property States.

2. Person(s) Named as Primary Beneficiary(ies)

- To name Successor Beneficiary(ies) on an existing beneficiary account, use the Successor Beneficiary Designation Form.
- If percent allocations are not designated, the amount will be equally divided.
- Percentage allocations must equal 100% (must be whole percentages).
- If naming a minor as beneficiary, complete Section II.2 with the minor's information.
- I hereby designate the following named Individual(s) as the Primary Beneficiary(ies) payable at my death, in accordance with the terms I have selected under either Option A or Option B above:

Full Name of Primary Beneficiary(ies)	Social Security Number(s)	Date(s) of Birth (MM/DD/YYYY)	Relationship	Percent
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/> %
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/> %
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/> %

Section II: Primary Beneficiary(ies) (continued)

3. Trust Named as Primary Beneficiary

Consult an attorney regarding the advisability of designating a trust as beneficiary.

Name of Trust	Tax ID Number	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/> %
Name of Trustee	Date of Trust Agreement	
<input type="text"/>	<input type="text"/>	

Section III: Contingent Beneficiary(ies)

1. Person(s) Named as Contingent Beneficiary(ies)

- This section only applicable to those that elected Option B on previous page.
- If percent allocations are not designated, the amount will be equally divided.
- Percentage allocations must equal 100% (must be whole percentages).
- If naming a minor as Contingent Beneficiary, complete Section III.1 with minor's information.

Full Name of Contingent Beneficiary(ies)	Social Security Number(s)	Date(s) of Birth (MM/DD/YYYY)	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

2. Trust Named as Contingent Beneficiary

Consult an attorney regarding the advisability of designating a trust as a contingent beneficiary.

Name of Trust	Tax ID Number	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/> %
Name of Trustee	Date of Trust Agreement	
<input type="text"/>	<input type="text"/>	

Section IV: Spousal Consent / Waiver

1. Spousal Consent (applicable to Individual(k), One-Participant Owner-Only Profit Sharing, One-Participant Owner-Only Money Purchase accounts)

- Required for Marital and Community Property States. (AZ, CA, ID, LA, NM, NV, TX, WA, WI, and Puerto Rico)
- Signature of participant's spouse must be notarized.
- Please consult your tax advisor or attorney regarding applicable state laws.

I hereby consent to the beneficiary designation made by my spouse in the forgoing election, and I understand that the effect of such a designation is to cause the death benefit to be paid to a beneficiary other than myself, and that my consent is irrevocable unless my spouse revokes this designation.

_____ Individual/Participant's Spouse Signature	_____ Individual/Participant's Spouse's Name (print)	_____ Date (required)
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2. Notary

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Signature

Section V: Authorization

- I understand that under the terms of the Plan, I have the right, at any time, prior to receipt of my full interest, to revoke, alter or amend the foregoing designation of beneficiary(ies) in any manner and to designate any other person(s) as substitute or additional beneficiary(ies), all by an appropriate instrument(s) in writing filed with the Custodian as provided in the Plan.
- I hereby revoke completely every such designation made previously by me.

_____ Individual/Participant's Signature	_____ Individual/Participant's Name (print)	_____ Date (required)
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