

Beneficiary Change Form

I designate the following person(s) or entity(ies) below as my beneficiary(ies) to receive payment of the value of my retirement account upon my death.

STEP 1 PARTICIPANT/ACCOUNT HOLDER INFORMATION

First Name _____	Last Name _____	M.I. _____
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Account Number	Social Security Number	

This change will affect the following accounts:

- All Accounts
- Specified Accounts:
 - 403(b) Account - Plan Name/Number: _____
 - 457 Account - Plan Name/Number: _____
 - Traditional IRA
 - Roth IRA

Please note: If you have more than one account per plan type and only want this form to apply to one account, you must specify the Plan Name/Plan Number for the account. Otherwise, the changes requested on this form will be applied to all plans of the plan type selected above.

STEP 2 BENEFICIARY DESIGNATION

If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information. If the Participant is married and designates someone other than his/her spouse as Primary Beneficiary, the notarized signature of the Participant's spouse is required.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Beneficiary's Name (first, middle, last) or Entity Name _____	
Address _____			
City _____		State _____	Zip _____
Daylight Telephone Number _____	Evening Telephone Number _____	Email Address _____	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Percentage Share _____	Relationship to Participant _____
Social Security Number	Date of Birth (month day year)		

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Beneficiary's Name (first, middle, last) or Entity Name _____	
Address _____			
City _____		State _____	Zip _____
Daylight Telephone Number _____	Evening Telephone Number _____	Email Address _____	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Percentage Share _____	Relationship to Participant _____
Social Security Number	Date of Birth (month day year)		

I understand that if no beneficiary survives me, or if my beneficiary(ies) cannot be located, my benefit will be distributed in accordance with the terms of the Plan or Account. I understand that if I fail to indicate share percentages, my benefit will be divided equally among the beneficiaries I designate, unless the terms of the Plan direct otherwise. I understand that I may change or revoke this designation at any time by completing a new Beneficiary Change Form during my lifetime and returning it to the appropriate entity below. This Beneficiary Change Form will revoke any prior beneficiary designations made for my account.

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Participant / Account Holder Signature	Date (month day year)

Spousal Waiver: By signing below, the spouse of the Participant/Account Holder acknowledges (1) that he/she is the spouse of the Participant/Account Holder; (2) that he/she has received a fair and reasonable disclosure of the Participant's/Account Holder's property and financial obligations; (3) that he/she has been advised to see a tax professional due to the important financial and tax consequences of giving up his/her interest in the account; and (4) that neither Aspire Financial Services, LLC, nor any custodian or plan sponsor of the account has provided the Participant's/Account Holder's spouse with any tax, legal, or investment advice. By signing below, the spouse of the Participant/Account Holder hereby gives the Participant/Account Holder any interest the spouse has in the assets of the account; consents to the beneficiary designations indicated above; and assumes full responsibility for any adverse consequences that may result.

Spouse Name _____

▶

Spouse Signature

--
Date (month | day |year)

Notary Signature

Notary Name _____

County _____ State _____

▶

Notary Signature

--
Commission Expiration Date

Notary Seal

Signed before me --
Date (month | day |year)

- To designate beneficiaries on an account in a 401(k) plan, an ERISA 403(b) plan, or other employer-sponsored retirement plan subject to ERISA, return the completed form to the employer/plan sponsor.
- To designate a beneficiary on a Traditional IRA, Roth IRA, non-ERISA 403(b), or other account not subject to ERISA, return the completed form through the form submission tool at www.aspireonline.com/resources/forms-submission-tool

If you have questions about how to submit this form, contact Aspire's Client Services at 866.634.5873.