

Beneficiary Change & Spousal Consent Form

ACCOUNT #

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 from FPS Trust Company, LLC ("FPS").

STEP 1 Participant Information

First Name Last Name M.I.
Social Security Number -- Single Married
Marital Status

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.

Primary Contingent
Beneficiary's Name (first, middle, last) or Entity Name
Address
City State Zip
Daytime Telephone Number Evening Telephone Number Email Address
Social Security Number -- Date of Birth (month | day | year) --- Percentage Share Relationship to Participant

Primary Contingent
Beneficiary's Name (first, middle, last) or Entity Name
Address
City State Zip
Daytime Telephone Number Evening Telephone Number Email Address
Social Security Number -- Date of Birth (month | day | year) --- Percentage Share Relationship to Participant

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the Plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate. I understand that I may change or revoke this designation at any time my account is with FPS by completing a new Beneficiary Change & Spousal Consent Form. It will become effective when FPS receives it.

This Beneficiary Change & Spousal Consent Form will revoke any prior beneficiary designations made for this account. If I did not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

▶ ACCOUNT HOLDER SIGNATURE ---
Date (month | day | year)

Spousal Waiver: By signing below, the spouse of the Participant acknowledges (1) that he/she is the spouse of the Participant; (2) that he/she has received a fair and reasonable disclosure of the Participant'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 FPS as the custodian of the Account has not provided the Participant's spouse with any tax, legal, or investment advice. By signing below, the spouse of the Participant hereby gives the Participant 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 SIGNATURE ---
Date (month | day | year)

Spouse Name

Signed before me _____ day of _____, 20_____.

▶ NOTARY SIGNATURE ---
Date (month | day | year)

Notary Name (Please name)

County of _____ State of _____ Commission expiration date _____.