

Beneficiary Add / Change Form

INSTRUCTIONS:

1. Complete the attached Beneficiary Add / Change Form.
2. Sign the form
3. Mail or fax* the completed, signed form to:

Please send to:	Regular Mail	Overnight Mail
	Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 – 4485	Primerica Shareholder Services Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262
Client Services:	(800) 544-5445	
Fax Services*:	(833) 782-4119	

You may use this form to add or change the beneficiary designation on your Retirement Plan accounts (IRA, 403(b)(7), SEP, Simple IRA, Roth IRA) and/or Coverdell ESA account.

IMPORTANT: This form cannot be faxed to PSS if a notary is required. See the instructions below on when a notary is required.*

IMPORTANT: Beneficiary changes are processed at the account level only. Therefore, if you have multiple fund positions with this account number, the beneficiaries will be the same for all fund positions. If it is your desire to designate different beneficiaries for each fund position, you must request in writing that the fund position be transferred to a new account so your request for beneficiaries designation can be processed accordingly.

REQUIRED INFORMATION SECTION

You must include the account owner’s name and account number in order for PSS to process your request.

SECTION 1 – BENEFICIARY ADD / CHANGE DESIGNATION

IMPORTANT: If you have more than one designated beneficiary, whether primary and/or contingent, the designated percentage must equal 100% collectively.

NOTE: If you need to list additional beneficiaries, complete another form and submit all completed forms.

SECTION 1.1 - PRIMARY BENEFICIARY

- Provide the beneficiary’s name, relationship, SSN, date of birth, phone number, and full address
- Provide the designated percentage (%) for the beneficiary (see note above)
- Check the “Per Stirpes” box if you want to apply this feature to the designated beneficiary (see definition below)

SECTION 1.2 - CONTINGENT BENEFICIARY

- Provide the beneficiary’s name, relationship, SSN, date of birth, phone number, and full address
- Provide the designated percentage (%) for the beneficiary (see note above)
- Check the “Per Stirpes” box if you want to apply this feature to the designated beneficiary (see definition below)

SECTION 1.3 - DESIGNATED AUTHORIZED PARTY

- Provide the full name of the authorized party, relationship, full address, and phone number.

SECTION 2 – CLIENT SIGNATURE

- The account owner must sign and date the form

SECTION 3 – COMMUNITY PROPERTY STATE AND NOTARY

IMPORTANT: Complete this section only if you reside in a community property state. These states include AZ, CA, ID, LA, NV, NM, PR, TX, WA, and WI.

NOTE: This section is not applicable for adding or changing the beneficiary for Coverdell ESA and Beneficiary Account types.

SECTION 3.1

- Select one: Account owner is unmarried, Account owner is married and their spouse is the sole primary beneficiary named and provide the name of the account owner’s spouse or Account owner is married and their spouse is NOT the sole primary beneficiary named and provide the spouse’s name.
- The account owner must sign and date this section.

SECTION 3.2 AND 3.3 Spousal consent with notary seal

- If the account owner is married and the sole primary beneficiary listed on the form is not the account owners spouse, then the account owner’s spouse must provide a notarized signature

***Definition of “Per Stirpes”:**

- If you indicate per stirpes distribution to your beneficiaries, you agree that the definition of per stirpes in this form will govern how Primerica Shareholder Services (PSS) distributes your assets. Note that the definition of per stirpes in this form may differ from the definition of per stirpes under your state’s laws and/or your will or trust. Please carefully review the definition of per stirpes below. Before completing and submitting this beneficiary designation to PSS, consult an attorney if you have any questions about per stirpes.
- If a per stirpes beneficiary predeceases you, PSS will distribute his or her portion to his or her living children (natural or legally adopted; step children are not legally defined as descendants for these purposes), if any, in equal shares. If the predeceased beneficiary has no living children, his or her portion will be distributed to the other beneficiaries (primary or contingent, as appropriate), if any, in equal shares. If all of the per stirpes beneficiaries predecease you, PSS will distribute the assets equally among the children (natural or legally adopted) of the predeceased per stirpes beneficiaries, if any.
- If you indicate per stirpes for a beneficiary, PSS will require the Authorized Party (named in this section) to certify the identity of the per stirpes beneficiaries prior to distributing your assets. If however, despite these reasonable efforts, we are unable to locate the person you have designated as your Authorized Party, or that person is unable or unwilling to serve, then you, your estate, and your successors in interest understand and agree that PSS will instead be entitled to rely on the verification of beneficiaries provided by personal representative, executor, or administrator of your estate as identified in letters testamentary or letters of administration issued by a court of appropriate jurisdiction.

(This page retained by the Client)

(Continue)

REQUIRED INFORMATION: Please complete all information to avoid any delay in processing your request.

Account Owner's Name: _____ Account Number: _____

1 | BENEFICIARY DESIGNATION ADD / CHANGE**1.1 Primary Beneficiary** Please add / change my beneficiary designation to the following:

Name (or name of Trust and Trustees and Date of Trust)		Relationship:	SSN/TIN
Full Address:		DOB:	Phone:
Designated: _____ % Per Stirpes* (Total must equal 100%)			

Name (or name of Trust and Trustees and Date of Trust)		Relationship:	SSN/TIN
Full Address:		DOB:	Phone:
Designated: _____ % Per Stirpes* (Total must equal 100%)			

Name (or name of Trust and Trustees and Date of Trust)		Relationship:	SSN/TIN
Full Address:		DOB:	Phone:
Designated: _____ % Per Stirpes* (Total must equal 100%)			

Name (or name of Trust and Trustees and Date of Trust)		Relationship:	SSN/TIN
Full Address:		DOB:	Phone:
Designated: _____ % Per Stirpes* (Total must equal 100%)			

Name (or name of Trust and Trustees and Date of Trust)		Relationship:	SSN/TIN
Full Address:		DOB:	Phone:
Designated: _____ % Per Stirpes* (Total must equal 100%)			

(Continue)

1.2 Contingent Beneficiary

Contingent beneficiaries will inherit assets only if there are no surviving primary beneficiaries or per stirpes heirs (if indicated) at the time of death of the account holder.

Name (or name of Trust and Trustees and Date of Trust)		Relationship:	SSN/TIN
Full Address:		DOB:	Phone:
Designated: _____ % Per Stirpes* (Total must equal 100%)			

Name (or name of Trust and Trustees and Date of Trust)		Relationship:	SSN/TIN
Full Address:		DOB:	Phone:
Designated: _____ % Per Stirpes* (Total must equal 100%)			

Name (or name of Trust and Trustees and Date of Trust)		Relationship:	SSN/TIN
Full Address:		DOB:	Phone:
Designated: _____ % Per Stirpes* (Total must equal 100%)			

Name (or name of Trust and Trustees and Date of Trust)		Relationship:	SSN/TIN
Full Address:		DOB:	Phone:
Designated: _____ % Per Stirpes* (Total must equal 100%)			

1.3 Designated Authorized Party

Please name an Authorized Party below. An "Authorized Party" is a person you identify as being able to assist Primerica Shareholder Services in locating and/or identifying your beneficiaries.

If you indicate per stirpes for beneficiaries, PSS will require the Authorized Party to verify the identity of the beneficiaries prior to distributing your account assets. For more information, see the Beneficiary Designation Account Terms.

Full Name of Authorized Party: _____ Relationship to You: _____

Full Home Street Address: _____ Phone: _____

**Per stirpes is an option for individual beneficiaries only excluding Coverdell ESA and all minor account registrations; for trusts, designate a percentage. If you would like to list additional beneficiaries, make a photocopy of this page and attach it to this application.*

(Continue)

2 CLIENT SIGNATURE

By signing below, I request PSS to accept the beneficiaries and/or Authorized Party for my account, as specified on this agreement. I acknowledge that I have read and agree to the Beneficiary Designation Account Terms.

Account Owner's Signature: _____ Date: _____

3 COMMUNITY PROPERTY STATE & NOTARY SEAL

You must complete this section if you are a resident of a Community Property State (AZ, CA, ID, LA, NV, NM, PR, TX, WA, WI)

3.1 Mark one selection and sign below

I am not married I am married; my spouse: _____ is my sole primary beneficiary

I am married the sole primary beneficiary named is NOT my spouse, _____

I understand this form is not valid unless my spouse provides consent below in section 3.2 with a notarized signature

X _____
Account Owner's Signature Date

3.2 Spousal Consent

Must be completed by the Account Owner's spouse if they are NOT the sole primary beneficiary named.

I certify that I am the spouse of the above named participant and that I have read the above beneficiary designation and supplements hereto, if any. In the event of the death of my spouse, I do hereby consent to the payment of my spouse's interest in this account to the above named Beneficiary and waive any such rights that I now have, and/or may have in such interest.

X _____
Spouse's Signature (if applicable) Date

3.3 Notary Seal

Notary Public: _____

My commission expires: _____

(Seal)