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Beneficiary Designation or Change Request

INSTRUCTIONS: Please complete this form in its entirety. In addition, please be sure to read this entire form prior to completion to avoid any processing delays. By signing this form, you consent to all terms and conditions outlined in this document and reaffirm the terms and conditions in your Account Adoption Agreement.

SECTION 1 - Account Holder Information

Name: Account Number:

Address:

Social Security Number:

SECTION 2 - Beneficiary Instructions & Signatures

I hereby revoke any prior Beneficiary Designation made by me and designate the individuals named below as the primary and contingent beneficiaries of this account. In the event of my death, the balance of my account shall be paid to the primary beneficiaries who survive me in equal shares (or the specified shares, if indicated). If the primary or contingent beneficiary box is not marked for the beneficiary, the beneficiary will be considered to be a primary beneficiary. If none of the primary beneficiaries survive me, the balance of the account shall be paid to the contingent beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any primary or contingent beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the applicable share for any remaining primary or contingent beneficiary(ies) shall be increased on a pro rata basis. In the event the share percentage for all the beneficiaries who receive funds under this beneficiary designation totals less than 100%, the applicable share(s) of those beneficiaries who receive funds shall be increased on a pro rata basis until the total of all applicable shares equals 100%.

I understand that if the named beneficiary is a trust, I must submit a copy of the trust with this completed and signed form.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Name: <input type="text"/>	Name: <input type="text"/>	Name: <input type="text"/>
Relationship: <input type="text"/> Share %: <input type="text"/>	Relationship: <input type="text"/> Share %: <input type="text"/>	Relationship: <input type="text"/> Share %: <input type="text"/>
SSN/EIN: <input type="text"/>	SSN/EIN: <input type="text"/>	SSN/EIN: <input type="text"/>
Date of Birth: <input type="text"/>	Date of Birth: <input type="text"/>	Date of Birth: <input type="text"/>

- I am married** (if you are married, reside in a community property state* and name a primary beneficiary other than your spouse, your spouse is required to sign below to ensure your designation will be effective).
- I am NOT married** (if you marry in the future, reside in a community property state, and name a primary beneficiary other than your spouse, you are required to complete a beneficiary change form with spousal consent to ensure your designation will be effective).

* In the United States, there are nine community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Account Holder Signature: Date:

◆ SPOUSAL CONSENT

I consent to the above beneficiary designations:

Signature of Spouse: Date:

(Note: Consent of the account holder's spouse is only required for married account holders living in a community property state who designate a beneficiary other than or in addition to the account holder's spouse.)

Disclaimer: The Account Holder's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, Kingdom Trust disclaims any warranty or responsibility as to the effectiveness of the Account Holder's beneficiary designation or as to the ownership of the account after the death of the Account Holder or the Account Holder's spouse. For additional information, please consult your legal advisor.

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