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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:
Social Security Number:		
SECTION 2 - Beneficiary Designation		
must provide a copy of the trust agreement to Kingdom Trust. I (or the specified shares, if indicated). If the primary or conting the primary beneficiaries survives you, the balance of the according primary or contingent beneficiary does not survive you, such remaining primary or contingent beneficiary(ies) shall be increasing primary or contingent beneficiary (ies) shall be increasing pr	In the event of your death, the balance of your account shall gent beneficiary box is not marked for the beneficiary, the lount shall be paid to the contingent beneficiaries who survibeneficiary's interest and the interest of such beneficiary' eased on a pro rata basis. In the event the share percenta hose beneficiaries who receive funds shall be increased on	count following your death. If the named beneficiary is a trust, you be paid to the primary beneficiaries who survive you in equal shares peneficiary will be considered to be a primary beneficiary. If none of ve you in equal shares (or in the specified shares, if indicated). If any is heirs shall terminate completely, and the applicable share for any ge for all the beneficiaries who receive funds under this beneficiary a pro rata basis until the total of all applicable shares equals 100%.
If the named beneficiary is a trust, you must include th		
Primary Contingent Name:	Primary Contingent Name:	Primary Contingent Name:
Relationship: Share %:	Relationship: Share %:	Relationship: Share %:
SSN/EIN:	SSN/EIN:	SSN/EIN:
Street Address:	Street Address:	Street Address:
City, State, ZIP:	City, State, ZIP:	City, State, ZIP:
Date of Birth:	Date of Birth:	Date of Birth:
I am married (if you are married, reside in a communit your designation will be effective).	y property state* and name a primary beneficiary other th	an your spouse, your spouse is required to sign below to ensure
I am NOT married (if you marry in the future, reside in beneficiary change form with spousal consent to ensur		ciary other than your spouse, you are required to complete a
* In the United States, there are nine community property st	ates: Arizona, California, Idaho, Louisiana, Nevada, New i	Mexico, Texas, Washington and Wisconsin.
Account Holder Signature: X		Date:
♦ SPOUSAL CONSENT I consent to the above beneficiary designations:		
Signature of Spouse: X		Date:
(Note: Consent of the Account Holder's spouse is only requ	uired for married applicants living in a community prope	ty state who designate a beneficiary other than or in addition to

(Note: Consent of the Account Holder's spouse is only required for married applicants 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.

Kingdom Trust does not provide tax, legal or investment advice. It does not endorse or recommend any agent, company or specific investment. Any information communicated by Kingdom Trust is solely for educational purposes and should not be construed as tax, legal or investment advice. Consultations with tax, legal and investment professionals is advised prior to making any decisions regarding your account.