



# Change of Beneficiary Designation Form

Name:	Social Security Number	Account Number:
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**Designation of Beneficiary**

The following individual(s) shall be my beneficiary(ies). In the event of my death, pay any interest I may have in my Custodial Retirement Account in equal proportions unless otherwise indicated to the following Primary Beneficiary or Beneficiaries:

**Primary Beneficiary or Beneficiaries:**

Name:	Relationship:	Date of Birth:	Share Percentage %
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Address:	Social Security Number:
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Name:	Relationship:	Date of Birth:	Share Percentage %
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Address:	Social Security Number:
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Name:	Relationship:	Date of Birth:	Share Percentage %
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Address:	Social Security Number:
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Name:	Relationship:	Date of Birth:	Share Percentage %
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Address:	Social Security Number:
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Special Instructions:

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If none of the above-named Primary Beneficiaries survives me, pay any interest I may have in my Custodial Account in equal proportions unless otherwise indicated to the following Alternate Beneficiary or Beneficiaries or the survivor(s) thereof:

**Alternate Beneficiary or Beneficiaries:**

Name:	Relationship:	Date of Birth:	Share Percentage %
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Address:	Social Security Number:
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Name:	Relationship:	Date of Birth:	Share Percentage %
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Address:	Social Security Number:
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Name:	Relationship:	Date of Birth:	Share Percentage %
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Address:	Social Security Number:
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Special Instructions:

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**Spousal Consent (For use in community or marital property states)**

**If you are not married, certify here: I Certify That I Am Not Married**

Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or legal advisor.

I am the spouse of the above named accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional.

I hereby give the accountholder any interest I have in the funds or property deposited in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advise was given to me by Penson Financial Services, Inc.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Account Holder Authorization**

**I understand that the beneficiaries' names herein may be changed or revoked by me at any time by filling a new designation in writing with the custodian.**

\_\_\_\_\_  
**Signature of Account Holder**

\_\_\_\_\_  
**Date**