



1 PERSONAL INFORMATION

NAME ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. _____	ACCOUNT NUMBER
--	----------------

2 BENEFICIARIES

- Please designate at least one Primary beneficiary.
- If primary beneficiary is a Trust, please complete Equity Trust's Beneficiary Certification Form OR supply a copy of the Trust documents.

Select Beneficiary Type ☐ Primary ☐ Contingent			
SELECT ONE: ☐ Individual ☐ Trust/Charity/Organization			
INDIVIDUAL NAME OR NAME OF TRUST/CHARITY/ORGANIZATION	SOCIAL SECURITY NUMBER/TAX ID	RELATIONSHIP (if individual)	SHARE %
ADDRESS		PHONE	BIRTHDATE/DATE OF ESTABLISHMENT
Select Beneficiary Type ☐ Primary ☐ Contingent			
SELECT ONE: ☐ Individual ☐ Trust/Charity/Organization			
INDIVIDUAL NAME OR NAME OF TRUST/CHARITY/ORGANIZATION	SOCIAL SECURITY NUMBER/TAX ID	RELATIONSHIP (if individual)	SHARE %
ADDRESS		PHONE	BIRTHDATE/DATE OF ESTABLISHMENT
Select Beneficiary Type ☐ Primary ☐ Contingent			
SELECT ONE: ☐ Individual ☐ Trust/Charity/Organization			
INDIVIDUAL NAME OR NAME OF TRUST/CHARITY/ORGANIZATION	SOCIAL SECURITY NUMBER/TAX ID	RELATIONSHIP (if individual)	SHARE %
ADDRESS		PHONE	BIRTHDATE/DATE OF ESTABLISHMENT
Select Beneficiary Type ☐ Primary ☐ Contingent			
SELECT ONE: ☐ Individual ☐ Trust/Charity/Organization			
INDIVIDUAL NAME OR NAME OF TRUST/CHARITY/ORGANIZATION	SOCIAL SECURITY NUMBER/TAX ID	RELATIONSHIP (if individual)	SHARE %
ADDRESS		PHONE	BIRTHDATE/DATE OF ESTABLISHMENT
Select Beneficiary Type ☐ Primary ☐ Contingent			
SELECT ONE: ☐ Individual ☐ Trust/Charity/Organization			
INDIVIDUAL NAME OR NAME OF TRUST/CHARITY/ORGANIZATION	SOCIAL SECURITY NUMBER/TAX ID	RELATIONSHIP (if individual)	SHARE %
ADDRESS		PHONE	BIRTHDATE/DATE OF ESTABLISHMENT



3 SIGNATURE AND ACKNOWLEDGEMENT

ACCOUNT HOLDER/TRUSTEE SIGNATURE

In the event of my death, or the last surviving joint tenant to transfer upon their death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian.

Signature of Participant: _____

Date: _____

Joint Account Holder/Trustee Signature: _____

Date: _____

SPOUSAL CONTENT

Complete this section only if Account Holder's legal residence is in a community property state [AZ, CA, LA, ID, NV, NM, TX, WA, WI] and Account Holder is choosing to name a beneficiary other than, or in addition to, Account Holder's spouse as the primary beneficiary.

By signing below, I acknowledge that I am the spouse of the Account Holder and agree with and consent to my spouse's designation of a primary beneficiary other than or in addition to me. I further acknowledge that I may be waiving part of or all my rights to receive benefits under this account when my spouse dies. I have had the opportunity to consult counsel or a financial advisor and I assume all responsibility regarding this consent. The custodian has not provided me any legal or tax advice.

I, _____ hereby consent to the above Beneficiary designation.

Spouse Signature: _____

Date: _____

For processing return to:

PO Box 62957, Fort Myers, FL 33906 or use our Secure Upload: www.trustetc.com/secure-upload