

BENEFICIARY DESIGNATION

TO ADD OR CHANGE BENEFICIARY INFORMATION

 **New Direction**
TRUST COMPANY
1070 W. Century Drive
Louisville, CO 80027
P: 877-742-1270 | F: 303-665-5962

1. NDTCO ACCOUNT INFORMATION

Account Holder Name: John Doe	New Direction Account Number: 1000000
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2. BENEFICIARY INFORMATION

If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). 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, as 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 share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate. I hereby revoke any prior beneficiary designation made by me and designate the below as my Primary and Contingent Beneficiary of this IRA.

<input checked="" type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary
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Name: Jane Doe	Relationship: Spouse		
Address: 123 Main St.	City: Anytown	State: CO	ZIP: 00000
Social Security Number: 000-00-0000	Date of Birth: (MM/DD/YYYY) 1/1/1969	Share: 100%	

<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary
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Name:	Relationship:		
Address:	City:	State:	ZIP:
Social Security Number:	Date of Birth: (MM/DD/YYYY)	Share:	

<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary
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Name:	Relationship:		
Address:	City:	State:	ZIP:
Social Security Number:	Date of Birth: (MM/DD/YYYY)	Share:	

SPOUSAL CONSENT (REQUIRED ONLY IF YOUR SPOUSE IS NOT YOUR PRIMARY BENEFICIARY)

The consent of spouse must be signed only if all of the following conditions are present; your spouse is living, your spouse is not the sole Primary Beneficiary named and you and your spouse are residents of a community property state (AZ, CA, ID, LA, NM, NV, TX, WA or WI).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary Form and I understand that I have a property interest in the account. I hereby acknowledge and consent to the above designation of beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies. By signing below, I hereby consent to the above beneficiary designation.

Spouse Printed Name:	Spouse Signature:	Date:
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3. SIGNATURE

Account Holder Signature:	Date: 12/1/2019
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