



## Beneficiary Change Form

### Client Name

Client Name \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Updated Primary Beneficiaries Information

Primary Beneficiary #1 Name \_\_\_\_\_ % distribution \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Hm Ph (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Primary Beneficiary #2 Name \_\_\_\_\_ % distribution \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Hm Ph (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

\* % distribution must equal 100%



## Updated Contingent Beneficiaries Information

Contingent Beneficiary #1 Name \_\_\_\_\_ % distribution \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Hm Ph (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Contingent Beneficiary #2 Name \_\_\_\_\_ % distribution \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Hm Ph (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Contingent Beneficiary #3 Name \_\_\_\_\_ % distribution \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Hm Ph (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

\* % distribution must equal 100%