

Account Update

Beneficiary - Retirement Accounts

SDB

Account Number

Rep ID

Instructions: Use this form to change the beneficiary designation on an existing IRA, Roth IRA, SIMPLE IRA or 403(b)(7) Retirement Account.
Please fax the completed form to the new accounts department at (858) 202-8325.

1. Account Information

Name Social Security Number Date of Birth

2. Beneficiary Designation (this section only applies to accounts with PTC as custodian):

I hereby designate the following individual(s) or entity(ies) as my primary and/or contingent beneficiary(ies) unless otherwise directed in writing by the account holder and properly filed with the custodian. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If more than one contingent beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If this is a Guardian account, the account will automatically pass to the minor's estate. Once the minor has reached the age of majority for the state of residence, he or she may then designate a beneficiary(ies).

If any primary beneficiary(ies) dies before me, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased equally. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no primary or contingent beneficiaries survive me, my spouse will be deemed my beneficiary. If there is no surviving spouse at the time of my death, my estate will be deemed my beneficiary.

- Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Primary Beneficiary Designation.* Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Contingent Beneficiary Designation.*

*If this box is checked, in the event that any primary or contingent beneficiary does not survive the account holder but leaves surviving descendants, then any share otherwise payable to such beneficiary will be paid instead to such beneficiary's surviving descendants.

<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>
<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>
<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>
<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>
<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>
<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>
<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>
<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>
<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>
<input type="radio"/> Primary	<input type="radio"/> Contingent	Name <input type="text"/>	Relationship <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	% <input type="text"/>



3. Spousal Consent

You should review this section if you live in a state with community property or marital property statutes, or account is a 403(b)(7) subject to Title 1 of ERISA, are married and designate a primary beneficiary other than your spouse. It is your responsibility to determine if this section applies. You may need to consult with legal counsel. If this section applies, have your spouse sign as indicated.

I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA owner any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. The custodian gave no tax or legal advice to me.

Spouse Signature

Spouse Name (print)

Date

4. Account Holder Signature and Certification

I hereby revoke all former beneficiary designations and hereby designate the beneficiary(ies) listed above. I hereby certify that I understand the effect of these designations, and have consulted with a qualified tax adviser or estate-planning attorney with any questions I may have.

Account Holder Signature

Account Holder Name (print)

Date

Account Number

