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6301 Indian School Rd NE, Suite 200, Albuquerque, NM 87110

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 2. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

Current Marital Status

Please select an option.

I Am Not Married

! I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.

I Am Married

! I understand that my spouse will be my Primary Beneficiary. However, I understand that I may designate a Primary Beneficiary other than or in addition to my spouse if my spouse consents to my designation.

Spousal Consent (If Applicable)

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. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA owner my interest in the assets or property deposited in this IRA and consent to the Beneficiary Designation indicated below. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse:	Spouse Name: (Print or Type)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary Designation Options

Please select an option. When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share %, if the previous percentages are no longer correct.

Add Beneficiary(ies)

! I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of my qualified plan balance. This list supplements, but does not replace, the beneficiary(ies) previously designated by me prior to this Designation of Beneficiary form.

Replace Beneficiary(ies)

! I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of my qualified plan balance and hereby revoke all prior beneficiary(ies) designations, if any, made by me.

Remove Beneficiary(ies)

! I elect to revoke the individual(s) or entity(ies) beneficiary(ies) designations named below from my qualified plan.

Beneficiary 1. Primary Beneficiary Contingent Beneficiary

Title:	First Name:	M.I.:	Last Name:	Suffix:	Share %:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SSN or EIN:	Date of Birth: (MM/DD/YYYY)	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 2. Primary Beneficiary Contingent Beneficiary

Title:	First Name:	M.I.:	Last Name:	Suffix:	Share %:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SSN or EIN:	Date of Birth: (MM/DD/YYYY)	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 3. Primary Beneficiary Contingent Beneficiary

Title:	First Name:	M.I.:	Last Name:	Suffix:	Share %:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SSN or EIN:	Date of Birth: (MM/DD/YYYY)	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached: _____

PART 3. ACCOUNT OWNER AUTHORIZATION

I understand that I may replace my beneficiary designations at any time by completing and submitting another Change/Designation of Beneficiary form to the custodian. The custodian has provided no tax or legal advice to me regarding my beneficiary designations.

Signature of Account Owner:	Account Owner Name: (Print or Type)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>