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📍 Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

☐ **Update All HTC Accounts In My Name**
By checking this box, any changes made in this form will apply to ALL my HTC Accounts.

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 direct that upon my death, the assets in this account be distributed to the beneficiaries listed below. If any beneficiary dies before me, their interest will be completely forfeited, and the shares of the remaining beneficiaries will be proportionally increased. If no beneficiaries are designated, the assets will be distributed to my estate.

Current Marital Status

Please select an option.

- ☐ I Am Not Married  I understand that if I become married in the future, I should review the requirements for spousal consent.
- ☐ I Am Married  I understand that if I choose to designate a primary beneficiary other than, or in addition to, my spouse, my spouse must sign below to provide consent.




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 updating beneficiaries, if the share percentage of any previously designated beneficiary changes, all beneficiaries and their corresponding percentages must be restated to reflect the correct distribution.

- ☐ **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

☐ This is a Trust

Trust Name:

Title:

First Name:

M.I.:

Last Name:

Suffix:

Share %:

Address:

Apt/Unit/Ste:

City:

State:

Zip:

SSN or EIN:

Date of Birth: (MM/DD/YYYY)

Relationship:

Beneficiary 2.

☐ Primary Beneficiary ☐ Contingent Beneficiary

☐ This is a Trust

Trust Name:

Title:

First Name:

M.I.:

Last Name:

Suffix:

Share %:

Address:

Apt/Unit/Ste:

City:

State:

Zip:

SSN or EIN:

Date of Birth: (MM/DD/YYYY)

Relationship:

Beneficiary 3.

☐ Primary Beneficiary ☐ Contingent Beneficiary

☐ This is a Trust

Trust Name:

Title:

First Name:

M.I.:

Last Name:

Suffix:

Share %:

Address:

Apt/Unit/Ste:

City:

State:

Zip:

SSN or EIN:

Date of Birth: (MM/DD/YYYY)

Relationship:

Beneficiary 4.

☐ Primary Beneficiary ☐ Contingent Beneficiary

☐ This is a Trust

Trust Name:

Title:

First Name:

M.I.:

Last Name:

Suffix:

Share %:

Address:

Apt/Unit/Ste:

City:

State:

Zip:

SSN or EIN:

Date of Birth: (MM/DD/YYYY)

Relationship:

Beneficiary 5.

☐ Primary Beneficiary ☐ Contingent Beneficiary

☐ This is a Trust

Trust Name:

Title:

First Name:

M.I.:

Last Name:

Suffix:

Share %:

Address:

Apt/Unit/Ste:

City:

State:

Zip:

SSN or EIN:

Date of Birth: (MM/DD/YYYY)

Relationship:

☐ Check this box if additional beneficiaries are listed on an attached sheet.
Specify the total number of Beneficiaries listed on the attachment

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)