

## LOANS · INVESTMENTS · GROWTH

## **BENEFICIARY DESIGNATION**

| 1. INVESTOR INFORM                                                                                | MATION                                                                                                                                             |                                                        |                                                                                 |                                                                                |                                                                  |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------|
|                                                                                                   |                                                                                                                                                    |                                                        |                                                                                 |                                                                                |                                                                  |
|                                                                                                   | 2)                                                                                                                                                 |                                                        |                                                                                 |                                                                                |                                                                  |
|                                                                                                   |                                                                                                                                                    |                                                        |                                                                                 |                                                                                | 7in                                                              |
|                                                                                                   | #2                                                                                                                                                 |                                                        |                                                                                 |                                                                                |                                                                  |
|                                                                                                   |                                                                                                                                                    |                                                        |                                                                                 |                                                                                |                                                                  |
| 2. WHO ARE YOUR B                                                                                 | ENEFICIARIES?                                                                                                                                      |                                                        |                                                                                 |                                                                                |                                                                  |
| It is very important to clearly<br>such beneficiaries will be spli<br>The Solomon Foundation. The | indicate your beneficiaries. If multiple benef<br>t equally. The beneficiaries named on this fo<br>e beneficiary designation will not go into effe | ficiaries are na<br>rm will be vali<br>ect unless this | med and no percentage of<br>for all investments und<br>form is signed and dated | of distribution is noted,<br>er above mentioned clie<br>by the investment hold | then any proceeds payable<br>nt(s) at the account level a<br>er. |
| 3. BENEFICIARY DESI                                                                               | GNATION                                                                                                                                            |                                                        |                                                                                 |                                                                                |                                                                  |
|                                                                                                   | death, the assets in this account be paid<br>es completely, and the percentage shar                                                                |                                                        |                                                                                 |                                                                                |                                                                  |
| •                                                                                                 | ES (The total percentage designated must e                                                                                                         |                                                        | unning beneficialies wi                                                         | n be mereuseu on a p                                                           | TO TULU DUSIS.                                                   |
|                                                                                                   |                                                                                                                                                    |                                                        | Nama                                                                            |                                                                                |                                                                  |
| Name<br>Address                                                                                   |                                                                                                                                                    |                                                        | NameAddress                                                                     |                                                                                |                                                                  |
| City/State/7in                                                                                    |                                                                                                                                                    |                                                        | City/State/7in                                                                  |                                                                                |                                                                  |
| Tay ID                                                                                            | Date of Birth                                                                                                                                      | <del></del>                                            | Tay ID                                                                          | Date of B                                                                      | irth                                                             |
|                                                                                                   | Percent Designated                                                                                                                                 |                                                        |                                                                                 |                                                                                | nt Designated                                                    |
| Kelationship                                                                                      | refeelt besignated                                                                                                                                 |                                                        | Kelationship                                                                    | Feice                                                                          | iit Designateu                                                   |
| Name                                                                                              |                                                                                                                                                    |                                                        | Name                                                                            |                                                                                |                                                                  |
|                                                                                                   |                                                                                                                                                    |                                                        |                                                                                 |                                                                                |                                                                  |
|                                                                                                   |                                                                                                                                                    |                                                        |                                                                                 |                                                                                |                                                                  |
| Tax ID                                                                                            | Date of Birth                                                                                                                                      |                                                        | Tax ID                                                                          | Date of B                                                                      | irth                                                             |
| Relationship                                                                                      | Percent Designated                                                                                                                                 |                                                        | Relationship                                                                    | Perce                                                                          | nt Designated                                                    |
| CONTINGENT BENEFICI                                                                               | IIARIES (The total percentage designated m                                                                                                         | nust equal 100                                         | %. The balance in the ac                                                        | count will be payable to                                                       | these beneficiaries if all                                       |
| primary beneficiaries have pr                                                                     | ,                                                                                                                                                  |                                                        | Name                                                                            |                                                                                |                                                                  |
|                                                                                                   |                                                                                                                                                    |                                                        |                                                                                 |                                                                                |                                                                  |
|                                                                                                   |                                                                                                                                                    |                                                        |                                                                                 |                                                                                |                                                                  |
| City/State/Zip                                                                                    | Data of Birth                                                                                                                                      |                                                        |                                                                                 |                                                                                |                                                                  |
|                                                                                                   | Date of Birth                                                                                                                                      |                                                        |                                                                                 |                                                                                | irth                                                             |
| Relationship                                                                                      | Percent Designated                                                                                                                                 |                                                        | Relationship                                                                    | Perce                                                                          | nt Designated                                                    |
| Name                                                                                              |                                                                                                                                                    |                                                        | Name                                                                            |                                                                                |                                                                  |
|                                                                                                   |                                                                                                                                                    | <del></del>                                            |                                                                                 |                                                                                |                                                                  |
|                                                                                                   |                                                                                                                                                    | <del></del>                                            |                                                                                 |                                                                                |                                                                  |
|                                                                                                   | Date of Birth                                                                                                                                      |                                                        | Tax ID                                                                          | Date of B                                                                      | irth                                                             |
|                                                                                                   | Percent Designated                                                                                                                                 |                                                        | Relationship                                                                    | Perce                                                                          | nt Designated                                                    |
| 4. ACKNOWLEDGME                                                                                   | NT                                                                                                                                                 |                                                        |                                                                                 |                                                                                |                                                                  |
|                                                                                                   |                                                                                                                                                    |                                                        |                                                                                 |                                                                                |                                                                  |
|                                                                                                   | Consent for residents of Arizona, California, property state, and name someone other the perty interest in the benefit.                            |                                                        |                                                                                 | _                                                                              | ·                                                                |
| As the Investors spouse, I do investments under applicable                                        | hereby consent to the beneficiary designati<br>e community property laws.                                                                          | on(s) indicated                                        | d on this form and waive                                                        | any rights that I may ha                                                       | ve to the proceeds of sucl                                       |
| Signature of C                                                                                    | Owner Date                                                                                                                                         |                                                        | Signature of Spouse                                                             |                                                                                | Date                                                             |