



BENEFICIARY DESIGNATION

1. INVESTOR INFORMATION

Owner _____
 Co-Owner (if applicable) _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone: #1 _____ #2 _____ E-Mail _____

2. WHO ARE YOUR BENEFICIARIES?

It is very important to clearly indicate your beneficiaries. If multiple beneficiaries are named and no percentage of distribution is noted, then any proceeds payable to such beneficiaries will be split equally. The beneficiary designation will not go into effect unless this form is signed and dated by the investment holder.

The beneficiaries named on this form will be valid for the following at The Solomon Foundation:

all non-retirement investments. OR Investment # _____ only.

3. 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.

PRIMARY BENEFICIARIES (The total percentage designated must equal 100%)

Name _____
 Address _____
 City/State/Zip _____
 Tax ID _____ Date of Birth _____
 Relationship _____ Percent Designated _____

Name _____
 Address _____
 City/State/Zip _____
 Tax ID _____ Date of Birth _____
 Relationship _____ Percent Designated _____

Name _____
 Address _____
 City/State/Zip _____
 Tax ID _____ Date of Birth _____
 Relationship _____ Percent Designated _____

Name _____
 Address _____
 City/State/Zip _____
 Tax ID _____ Date of Birth _____
 Relationship _____ Percent Designated _____

CONTINGENT BENEFICIARIES (The total percentage designated must equal 100%. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)

Name _____
 Address _____
 City/State/Zip _____
 Tax ID _____ Date of Birth _____
 Relationship _____ Percent Designated _____

Name _____
 Address _____
 City/State/Zip _____
 Tax ID _____ Date of Birth _____
 Relationship _____ Percent Designated _____

Name _____
 Address _____
 City/State/Zip _____
 Tax ID _____ Date of Birth _____
 Relationship _____ Percent Designated _____

Name _____
 Address _____
 City/State/Zip _____
 Tax ID _____ Date of Birth _____
 Relationship _____ Percent Designated _____

4. ACKNOWLEDGMENT

If you are married and name someone other than your spouse as Beneficiary, you must have your spouse sign this form to waive his or her rights to any community property interest in the benefit.

(Required)

As the primary owner's spouse, I do hereby consent to the beneficiary designation indicated on this form and waive any rights that I may have to the proceeds of such investments under applicable community property laws.

(Required if Spouse is co-owner of investment)

 Signature of Owner Date Signature of Spouse Date