# **Designation or Change of Beneficiaries**

(877) 806-7362 | team@altscustodian.com



Accountholder Information	
Account Holder Name	Account Number Assigned by Alts Custodian
Last four digits of SSN (####)	Date Of Birth (Optional) (MM/DD/YYYY)

## **Beneficiaries**

I hereby designate the individuals listed below as the Primary and/or Contingent Beneficiaries of my account. If the box indicating Primary or Contingent is left unchecked for a beneficiary, they will be considered a Primary Beneficiary by default. Upon my passing, the account balance shall be disbursed equally among the surviving Primary Beneficiaries (or as indicated in specified shares). Should none of the Primary Beneficiaries survive me, the remaining balance shall be distributed equally among the surviving Contingent Beneficiaries (or as indicated in specified shares). If any Primary or Contingent Beneficiary predeceases me, their interest and that of their heirs shall cease entirely, with the shares for the remaining beneficiaries adjusting proportionally. In the absence of surviving Primary, Contingent Beneficiaries, or spouse, the remaining account balance will be distributed according to the plan provisions to my estate. If no beneficiaries are named, my spouse will be considered the sole beneficiary.

□ If I have designated a Trust as a Beneficiary, I acknowledge the requirement to provide a copy or summary of the Trust.

1.  PRIMARY  CONTINGENT					
Name		Social Security Number		Date of Birth	
Address	City		State	Zip Code	
Relationship			Share %		
2.  PRIMARY  CONTINGENT					
Name		Social Security Number		Date of Birth	
Address	City		State	Zip Code	
Relationship			Share %		
3.  PRIMARY  CONTINGENT					
Name		Social Security Number		Date of Birth	
Address	City		State	Zip Code	
Relationship			Share %		

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4.						
Name			Social Security Number		Date of Birth	
Ad	dress	City		State		Zip Code
Rel	ationship			Share %		

### **Spousal Consent**

Married account owners residing in the states of AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI are governed by community property laws. According to these laws, married account holders must designate their spouse as the primary beneficiary with a share percentage of 100%. If the account owner opts to designate someone other than their spouse, spousal consent is necessary.

Answer the questions below to see if spousal consent is needed:

Do you reside in a community property state? (AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI)	🗆 Yes 🗆 No
Are you currently married?	□ Yes □ No
Do you name someone other than your spouse as the primary beneficiary with a share percentage of 100%?	🗆 Yes 🗆 No

Spousal Consent is required if you have answered "Yes" to all of the questions listed above. If the answer to any of the questions is "No' spousal consent is not required.

#### Consent

I confirm I'm the Account Owner's spouse. Living in a community property state, I understand I might have a stake in the account and the right to waive it. I know I must agree if the Account Owner chooses a beneficiary other than me. Before consenting to the beneficiary designation, I've been advised to consult a legal or tax advisor.

Signature of Spouse:

Spouse Name: (Print or Type)

**Date:** (*MM/DD/YYY*)

### Account Owner Signature

I acknowledge that I can update or include beneficiaries anytime by filling out and submitting this form to the Administrator. I understand that this form will replace any existing Beneficiary Designation Form on record.

#### Signature:

Date: (MM/DD/YYY)