

Beneficiary Designation/Change Form

Questions? Call Scarborough at 1-800-223-7608.

Instructions

Use this form to designate to whom benefits under the Local Union IRA are paid in the event of your death. If you make an error on the form, do not correct it. Use a new form. Please type or print.

1. Provide Account Owner Information

Check here if this is a change of beneficiary designation.

Plan Number 132014

Name _____ Male Female
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Residential Address _____
(if different from mailing address) Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

Marital Status: Single Married Divorced/Widowed

2. Primary Beneficiary (Beneficiaries)

I name the following as the Primary Beneficiary or Beneficiaries to receive any benefits payable upon my death in the proportions indicated:

1. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

2. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

Please Continue...

Primary Beneficiary (Beneficiaries) continued

3. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

4. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

5. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

3. Contingent Beneficiary (Beneficiaries)

If all of my Primary beneficiaries designated in Section 2 die before I die, and if I fail prior to my death to name substitute beneficiaries, any benefit payable upon my death shall be paid to the following Contingent Beneficiaries.

1. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

2. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

Please Continue...

Contingent Beneficiary (Beneficiaries) continued

3. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

4. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

5. Name _____ Relationship _____

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Percentage of total benefits to be paid to this person _____%

4. Provide Signatures

I understand and authorize the changes requested on this form. If any changes are made to the beneficiary:

- Security Benefit may rely on written representations it deems official, including my attorneys, the personal representative of my estate, the attorneys for the personal representative, my spouse, or one or more surviving children in determining the beneficiary.
- I understand Security Benefit cannot independently verify beneficiaries and on behalf of myself and all beneficiaries, I release it from liability for distribution errors based on such written representations. In the event of good faith doubt, the Insurer or Custodian may retain its own counsel to assist in beneficiary determinations, and may apply for instructions from a court of competent jurisdiction, with the costs of counsel or the proceeding charged to my account.

Tax Identification Number Certification

Instructions: You must cross out item (2) in the below paragraph if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct Tax Identification Number.

Under penalties of perjury I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **and** (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding; **and** (3) I am a U.S. Person (including a U.S. Resident Alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Note: If applicable, a signature is required for all irrevocable beneficiaries.

Please Continue...

Provide Signatures (continued)

X _____
Signature of Participant Date (mm/dd/yyyy)

X _____
Signature of Representative Date (mm/dd/yyyy) Print Name of Representative

Spousal Consent for Community Property States: If the owner/participant is a resident of AZ, CA, ID, LA, NM, NV, TX, WA or WI, spousal consent is required, unless the owner/participant has no legal spouse.

X _____
Signature of Spouse Date (mm/dd/yyyy)

Mail to: Scarborough • One Bridge Street • Suite 70 • Irvington, NY 10533
Visit us online at www.localunionira.com

DO NOT WRITE BELOW THIS LINE

Received by _____ Date: _____

Scarborough Securities Corporation