BENEFICIARY CHANGE FORM

Smart Retirement Solutions
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Beneficiary Change Form

I designate the following person(s) or entity(ies) below as my beneficiary(ies) to receive payment of the value of my retirement account upon my death.

STEP 1 PARTICIPANT/ACCOUNT HOLDER INFORMATION

First Name ______ Last Name ______ M.I. ______

Account Number ______ Social Security Number ☐☐☐–☐☐–☐☐☐☐ Marital Status: ☐ Single ☐ Married ☐ Divorced

This change will affect the following accounts:

- ☐ All Accounts
- ☐ Specified Accounts:
  - ☐ 403(b) Account - Plan Name/Number: ______
  - ☐ 457 Account – Plan Name/Number: ______
  - ☐ Traditional IRA
  - ☐ Roth IRA

Please note: If you have more than one account per plan type and only want this form to apply to one account, you must specify the Plan Name/Plan Number for the account. Otherwise, the changes requested on this form will be applied to all plans of the plan type selected above.

STEP 2 BENEFICIARYDESIGNATION

If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information. If the Participant is married and designates someone other than his/her spouse as Primary Beneficiary, the notorized signature of the Participant's spouse is required.

☐ Primary ☐ Contingent ______ Beneficiary's Name (first, middle, last) or Entity Name

Address ______

City ______ State ______ Zip ______

Daylight Telephone Number ______ Evening Telephone Number ______ Email Address ______

Social Security Number ☐☐☐–☐☐–☐☐☐☐ Date of Birth (month | day | year) ☐☐–☐☐–☐☐☐☐ Percentage Share ______ Relationship to Participant ______

☐ Primary ☐ Contingent ______ Beneficiary's Name (first, middle, last) or Entity Name

Address ______

City ______ State ______ Zip ______

Daylight Telephone Number ______ Evening Telephone Number ______ Email Address ______

Social Security Number ☐☐☐–☐☐–☐☐☐☐ Date of Birth (month | day | year) ☐☐–☐☐–☐☐☐☐ Percentage Share ______ Relationship to Participant ______

I understand that if no beneficiary survives me, or if my beneficiary(ies) cannot be located, my benefit will be distributed in accordance with the terms of the Plan or Account. I understand that if I fail to indicate share percentages, my benefit will be divided equally among the beneficiaries I designate, unless the terms of the Plan direct otherwise. I understand that I may change or revoke this designation at any time by completing a new Beneficiary Change Form during my lifetime and returning it to the appropriate entity below. This Beneficiary Change Form will revoke any prior beneficiary designations made for my account.

► ______ Participant / Account Holder Signature

☐☐–☐☐–☐☐☐☐ Date (month | day | year)

(Cont'd on Page 2)

Spousal Waiver: By signing below, the spouse of the Participant/Account Holder acknowledges (1) that he/she is the spouse of the Participant/Account Holder; (2) that he/she has received a fair and reasonable disclosure of the Participant's/Account Holder's property and financial obligations; (3) that he/she has been advised to see a tax professional due to the important financial and tax consequences of giving up his/her interest in the account; and (4) that neither Aspire Financial Services, LLC, nor any custodian or plan sponsor of the account has provided the Participant's/Account Holder's spouse with any tax, legal, or investment advice. By signing below, the spouse of the Participant/Account Holder hereby gives the Participant/Account Holder any interest the spouse has in the assets of the account; consents to the beneficiary designations indicated above; and assumes full responsibility for any adverse consequences that may result.

Spouse Name

Spouse Signature

Date (month | day | year)

Notary Signature

Commission Expiration Date

Notary Name

County

State

Notary Seal

Notary Signature

Signed before me

Date (month | day | year)

- **To designate beneficiaries on an account in a 401(k) plan, an ERISA 403(b) plan, or other employer-sponsored retirement plan subject to ERISA, return the completed form to the employer/plan sponsor.**

- **To designate a beneficiary on a Traditional IRA, Roth IRA, non-ERISA 403(b), or other account not subject to ERISA, return the completed form to Aspire at:**

  Aspire Financial Services, LLC
  4010 Boy Scout Boulevard, Suite 450
  Tampa, FL 33607
  Fax: 813.466.7523

  If you have questions about where to send the form, contact Aspire's Client Services at 866.634.5873.