

Solo(k) Beneficiary Designation

THE ORIGINAL OF THIS FORM MUST BE KEPT BY THE EMPLOYER. PLEASE SUBMIT A COPY TO PENSICO.

- **Please complete the information below to indicate who will receive Plan benefits payable upon your death.** You are required to have at least one beneficiary and are not limited to the number of total beneficiaries. If you wish to designate secondary beneficiaries, please complete the Solo(k) Secondary Beneficiary Designation form.
- For primary beneficiaries that are trusts or estates, please include a copy of the related legal documents (i.e., beneficiary and signature pages).
- If you have more than two primary beneficiaries, complete additional copies of this form and indicate the percentage total (100%) at the bottom of the last page.
- **Please note:** If you designate two or more primary or secondary beneficiaries, and one of them predeceases you, his or her share will be allocated pro rata to the surviving primary or secondary beneficiaries, unless you indicate otherwise in an attachment to this form.

1. PLAN NAME AND ACCOUNT

Plan Name: _____

(Enter the plan name you entered in Section 1 of your Solo(k) Application form)

Account Number: _____

2. PARTICIPANT INFORMATION Currently Married

First Name: _____ MI: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

3. PRIMARY BENEFICIARY DESIGNATION *(Please indicate the Primary Share Percentage(s) below. The total at the bottom must add up to 100%)*

Name of Individual, Trust, Will, Institution, etc.: _____

Percentage: _____% Date of Birth or Establishment: _____ Relationship: _____

Social Security or Tax ID Number: _____

Residence Address: _____ Home Business

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Primary Phone: _____ Type: Cell Home Business

Email Address: _____

Name of Individual, Trust, Will, Institution, etc.: _____

Percentage: _____% Date of Birth or Establishment: _____ Relationship: _____

Social Security or Tax ID Number: _____

Residence Address: _____ Home Business

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Primary Phone: _____ Type: Cell Home Business

Email Address: _____

Percentage: _____% = TOTAL - Must equal 100% SUBTOTAL - Total appears on a subsequent page

(All primary beneficiary shares must add up to 100%, i.e., if you only have one primary beneficiary, put 100%.

If you have two equal primary beneficiaries, put 50% and 50%)

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

4. SECONDARY BENEFICIARY DESIGNATION (Please indicate the Primary Share Percentage(s) below. The total at the bottom must add up to 100%)

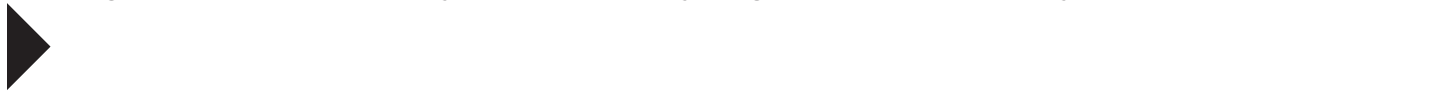
Name of Individual, Trust, Will, Institution, etc.: _____
Percentage: _____% **Date of Birth or Establishment:** _____ **Relationship:** _____
Social Security or Tax ID Number: _____
Residence Address: _____ Home Business
City: _____ **State/Province:** _____
Country: _____ **Postal Code:** _____
Primary Phone: _____ **Type:** Cell Home Business
Email Address: _____

Name of Individual, Trust, Will, Institution, etc.: _____
Percentage: _____% **Date of Birth or Establishment:** _____ **Relationship:** _____
Social Security or Tax ID Number: _____
Residence Address: _____ Home Business
City: _____ **State/Province:** _____
Country: _____ **Postal Code:** _____
Primary Phone: _____ **Type:** Cell Home Business
Email Address: _____

Percentage: _____% = **TOTAL** - Must equal 100% **SUBTOTAL** - Total appears on a subsequent page
(All secondary beneficiary shares must add up to 100%, i.e., if you only have one primary beneficiary, put 100%.
If you have two equal primary beneficiaries, put 50% and 50%)

5. PARTICIPANT SIGNATURE

The designations above supersede any previous beneficiary designations I have made for my Plan benefits.


Participant Signature _____ Date _____


SPOUSAL CONSENT

(for use in community or marital property states)

This section, if applicable, must be signed and dated by the spouse of the Account Owner.

1. If the Account Owner is married and has designated any Primary Beneficiary other than his/her spouse; and
2. If the Account Owner's plan includes or will include property in which his/her spouse possesses a community property interest or other type of property interest. (As of this printing the community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.) Please consult with your legal advisor to ensure this satisfies the laws in your state.

I, the undersigned spouse of the Account Owner named above, hereby consent to and accept the beneficiary designation without regard to whether I survive or predecease my spouse.


Spouse Signature _____ Date _____
(Notary acknowledgement required for spouse's consent signature when Account Owner has designated a non-spouse beneficiary.)

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Upload forms to:

www.pensco.com/upload

Fax to: 303-614-7038

Send mail to:

PENSCO
P.O. Box 173859
Denver, CO 80217-3859

For express deliveries:

PENSCO
1560 Broadway, Suite 400
Denver, CO 80202-3331

Questions?

Call 1-800-962-4238