



## 2. Primary beneficiary(ies)

I hereby designate the following primary beneficiary(ies) for amounts payable from the Account in the event of my death (all percentages must total 100%). (For additional beneficiary designations, please attach a separate sheet of paper and include information below.)

First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	M.I.	Last Name
<input type="text"/>		<input type="text"/>	<input type="text"/>
Social Security number		Date of birth month/day/year	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing address (including apartment or box number)			
<input type="text"/>			
City	State	Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
Percentage	Relationship to me		
<input type="text"/> %	<input type="text"/>		

First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	M.I.	Last Name
<input type="text"/>		<input type="text"/>	<input type="text"/>
Social Security number		Date of birth month/day/year	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing address (including apartment or box number)			
<input type="text"/>			
City	State	Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
Percentage	Relationship to me		
<input type="text"/> %	<input type="text"/>		

## 3. Contingent beneficiary(ies)

I hereby designate the following contingent beneficiary(ies) for amounts payable from the Account if I am not survived by any primary beneficiary(ies) (this section is optional-if completed, all percentages must total 100%). (For additional beneficiary designations, please attach a separate sheet of paper and include the information below.)

First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	M.I.	Last Name
<input type="text"/>		<input type="text"/>	<input type="text"/>
Social Security number		Date of birth month/day/year	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing address (including apartment or box number)			
<input type="text"/>			
City	State	Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
Percentage	Relationship to me		
<input type="text"/> %	<input type="text"/>		



## Contingent beneficiary(ies) *(continued)*

First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	M.I.	Last Name
<input type="text"/>		<input type="text"/>	<input type="text"/>
Social Security number		Date of birth month/day/year	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing address (including apartment or box number)			
<input type="text"/>			
City	State	Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
Percentage	Relationship to me		
<input type="text"/> %	<input type="text"/>		

### 4. My authorization

I make the beneficiary designation(s) indicated above and revoke any previous designations made by me for the Account.

Signature	Date month/day/year
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

A notary or signature guarantee is required for all current owners. Please contact Mercer for details. A signature guarantee is a stamped or typed assurance by a financial institution that indicates a signature is valid and has the financial backing of that institution.

PLACE REQUIRED NOTARY PUBLIC OR SIGNATURE GUARANTEE STAMP BELOW

