

# BENEFICIARY DESIGNATION OR CHANGE FORM

## Section I Account Holder Information

Account Owner Name \_\_\_\_\_ Trust Company of America Account Number \_\_\_\_\_

I am currently: (check one)  Married  Single

## Section II Primary Beneficiary (Attach additional sheets if necessary)

I hereby designate the following person(s) as my primary beneficiary(ies):

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Percent of Account Balance \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Percent of Account Balance \_\_\_\_\_

**IF SPOUSE IS NOT DESIGNATED AS SOLE PRIMARY BENEFICIARY, THE SPOUSE MUST SIGN BELOW.** (Note: Any subsequent change of beneficiary designations must be approved by the spouse, if the spouse is to no longer be the sole primary beneficiary.)

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Printed Name \_\_\_\_\_

## Section III Contingent Beneficiary (Attach additional sheets if necessary)

I hereby designate the following person(s) as my contingent beneficiary(ies):

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Percent of Account Balance \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Percent of Account Balance \_\_\_\_\_

**This beneficiary designation supercedes any previous beneficiary designation for the above listed account.**

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_