

DESIGNATION OF BENEFICIARY FOR SHARES

(ALL ACCOUNT OWNERS MUST CONSENT TO THIS DESIGNATION BY SIGNING BELOW) I/We, the undersigned, hereby designate the following person(s) as the beneficiary(ies) of Account No. _____ and as such he/she/(they) is/(are) entitled to all shares in said account at my death. If there is more than one beneficiary, payment shall be made in equal shares. I/We also hereby revoke any prior designations. Beneficiary 1 Name SSN Address _____ State ____ City ZIP Relationship Date of Birth Beneficiary 2 SSN _____ Name Address _____ State ZIP City Relationship Date of Birth Beneficiary 3 Name SSN Address ____ State ____ ZIP City Relationship _____ Date of Birth Beneficiary 4 Name SSN Address _____ .___ State _____ City ZIP Relationship ___ Date of Birth Beneficiary 5 Name SSN Address State ____ ZIP City Relationship _____ Date of Birth Signature _____ Signature Signature Signature