



MADISON

TRUST COMPANY

If you wish to name more than two primary or two secondary beneficiaries, please use additional forms and be sure to have each page signed and dated. If this is a change to a prior designation, all prior primary and secondary beneficiary designations will be replaced with this designation. If your former spouse was designated as a beneficiary, the designation will be deemed to have been revoked when the marriage to him or her terminated through divorce or otherwise, unless you re-designated him or her after your marriage terminated.

Please complete and submit this form via one of the following methods:

Mail: Madison Administration Company, One Paragon Drive Suite 275, Montvale, NJ 07645 · **Fax:** (845) 947-1212 · **Secure Upload:** www.madisontrust.com/uploads

A. ACCOUNTHOLDER IDENTIFICATION

Full name

MTC account number

B. BENEFICIARY DESIGNATION

I authorize Madison Trust to replace all prior beneficiary designations on my account with the following designations. (If you do not indicate percentages in the primary or secondary beneficiary sections, assets in the account shall be divided equally among the beneficiaries in the respective class.)

I do not have any beneficiaries that I wish to designate at this time. *If you choose this option, please proceed directly to Section E.*

C. PRIMARY BENEFICIARIES Please attach additional pages of this form if necessary.

1st Primary Beneficiary

Beneficiary name (first & last)

Relationship

Percent share (Primary beneficiaries must total 100%)

Beneficiary address (include city, state and ZIP)

Beneficiary Social Security Number

Beneficiary date of birth

Beneficiary phone number

2nd Primary Beneficiary

Beneficiary name (first & last)

Relationship

Percent share (Primary beneficiaries must total 100%)

Beneficiary address (include city, state and ZIP)

Beneficiary Social Security Number

Beneficiary date of birth

Beneficiary phone number



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D. SECONDARY BENEFICIARIES Will be paid only if all the primary beneficiaries pre-decease the Accountholder unless indicated otherwise in an attached form.

1st Secondary Beneficiary

Beneficiary name (first & last) Relationship Percent share (Secondary beneficiaries must total 100%)

Beneficiary address (include city, state and ZIP)

Beneficiary Social Security Number Beneficiary date of birth Beneficiary phone number

2nd Secondary Beneficiary

Beneficiary name (first & last) Relationship Percent share (Secondary beneficiaries must total 100%)

Beneficiary address (include city, state and ZIP)

Beneficiary Social Security Number Beneficiary date of birth Beneficiary phone number

E. SIGNATURE

Accountholder signature Date

Your spouse may have rights in the Custodial Account and assets that fund it under the community property or other laws of some states. It is your responsibility to determine whether your spouse's signature is required or advisable.

I am the spouse of the above-named account holder and I consent to the above designation.

Spouse signature Date

Notary Section

A notary stamp is required to verify the accountholder's signature if this form is being used to replace an existing Beneficiary Designation on the account.

State of County of

On this day of, 20, before me, the undersigned officer, personally appeared known to me or satisfactorily proven to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal. (Seal)

Signature Title of Officer:

My Commission Expires: