

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with this designation.** If your former spouse was designated as a beneficiary, the designation will be deemed to have been revoked when the marriage to him or her terminated through divorce or otherwise, unless you re-designated him or her after your marriage terminated.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, 21 Robert Pitt Drive, Suite 201, Monsey, NY 10952 **Fax:** (845) 947-1212 **Secure Upload:** [www.madisontrust.com/uploads](http://www.madisontrust.com/uploads)

### A. ACCOUNTHOLDER IDENTIFICATION

Full name \_\_\_\_\_ MTC Account number \*Madison Trust will fill this in for you upon receipt of the form\*

### 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.)

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

#### 1<sup>ST</sup> 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 \_\_\_\_\_

#### 2<sup>ND</sup> 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 \_\_\_\_\_

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

#### 1<sup>ST</sup> 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 \_\_\_\_\_

#### 2<sup>ND</sup> 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 \_\_\_\_\_