

VIP Services: (888) 855-9856 | info@trustprovident.com  
7450 Arroyo Crossing Parkway, Suite 230, Las Vegas, NV 89113

## Section 1 Account Owner Information

First Name  MI  Last Name  Date of Birth (mm/dd/yyyy)

Email  Last Four Digits of Social Security Number  Account Number

## Section 2 Joint Owner Information

First Name  MI  Last Name  Date of Birth (mm/dd/yyyy)

Email  Last Four Digits of Social Security Number  Account Number

## Section 3 Payable on Death Beneficiary Information

Upon the death of the last surviving account owner, I/we designate the assets in this account be paid to the Payable on Death (POD) beneficiaries named below. The interest of any POD beneficiary that predeceases the last surviving account owner terminates immediately, and the percentage share of any remaining POD beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, the estate of the last surviving account owner will be the POD beneficiary of this account.

Primary  Contingent Share Percentage  %

First Name  MI  Last Name

Address  City  State  Zip

Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

Primary  Contingent Share Percentage  %

First Name  MI  Last Name

Address  City  State  Zip

Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

Primary    Contingent   Share Percentage  %  
 First Name  MI  Last Name   
 Address  City  State  Zip   
 Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

Check here if additional Beneficiaries are listed on the attached form. If applicable, total number of addendums attached to this POD

**NOTE:** The total percentage must equal 100%. If more than one POD beneficiary is listed and no percentages are indicated, the POD beneficiaries will be deemed to own equal share percentages in the account. If primary and contingent POD beneficiaries are named, the account will be payable to contingent POD beneficiaries if all primary POD beneficiaries have predeceased the last surviving account owner.

**Section 4   Spousal Consent** (If applicable)

Complete this section if you are married, have not named your spouse as your sole primary beneficiary, and are subject to the laws of the following community or marital property states: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI.

**CURRENT MARITAL STATUS**

- I Am Not Married – I understand that if I become married in the future, I should review the requirements for spousal consent.
- I Am Married – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

**CONSENT OF SPOUSE**

I am the spouse of the above-named account owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional.

I hereby relinquish any interest that I may have in this account and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

**NOTE:** Do not sign below until you are in the presence of the authorized notary providing the notary services.

**X** \_\_\_\_\_  
 Spouse's Signature Date (mm/dd/yyyy)

(Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)

STATE OF  SS:  
 COUNTY OF

This document was acknowledged before me on  (date (mm/dd/yyyy)) by  (name of spouse), who certifies the correctness of the signature of such spouse.

**X** \_\_\_\_\_  
 Signature of Notary Public Date (mm/dd/yyyy)

Notary Public's Name (First, Middle Initial, Last)

My commission expires (Date (mm/dd/yyyy))

Notary to Place Seal Here

**Section 5**

**Account Owner Authorization**

I/we understand that I/we may replace my beneficiary designation at any time by completing and delivering a Beneficiary Form Payable on Death to the custodian. The custodian has provided no tax or legal advice to me regarding my Payable on Death designations.

**X**

Account Owner Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**X**

Joint Owner Signature

\_\_\_\_\_  
Joint Owner Name (Please type or print)

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Congratulations! You are now able to submit your completed request.**

Before submitting this form, please review all information prior to signing. When ready, mail, email, or fax this completed form to:

**Mail to:** Provident Trust Group  
P.O. Box 123  
Fort Washington, PA 19034

**Email to:** [newaccounts@trustprovident.com](mailto:newaccounts@trustprovident.com)

**Fax to:** (702) 253-7565