

*This form may only be used to supplement an Individual 401(k) application or qualified retirement plan beneficiary designation form to name more beneficiaries than can be accommodated on these forms. Complete additional addendums if necessary.*

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

## Section 1 Plan Participant Information

First Name  MI  Last Name

Email  Last Four Digits of Social Security Number  Account Number

Form Type and Date (Select and attach the supplemented form)

Original Individual 401(k) Application    Qualified Retirement Plan Beneficiary Designation   Form Dated

## Section 2 Beneficiary Information

I designate the beneficiaries named below, in addition to the beneficiaries named on the attached form, as beneficiaries of this retirement plan.

**All fields must be completed.**

Primary    Contingent   Share Percentage  % (Whole percentages only)

First Name  MI  Last Name

Address  City  State  Zip

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

Primary    Contingent   Share Percentage  % (Whole percentages only)

First Name  MI  Last Name

Address  City  State  Zip

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

Primary    Contingent   Share Percentage  % (Whole percentages only)

First Name  MI  Last Name

Address  City  State  Zip

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

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

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

**If you are naming an entity (e.g., trust, estate, charity) as beneficiary, please complete the following information.**

Primary    Contingent   Share Percentage  % *(Whole percentages only)*  
 Name of Entity/Trust/Estate  Entity/Trust/Estate Tax ID  Date of Registration/Creation (mm/dd/yyyy)   
 Address  City  State  Zip   
 Trustee, Executor, or Authorized Signer Name

**NOTE:** The total share percentage indicated for primary beneficiaries and the total share percentage indicated for contingent beneficiaries must total 100%.

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this account

### Section 3 Plan Participant Authorization

I understand that I may replace my beneficiary designations at any time by completing and delivering a Qualified Retirement Plan Beneficiary Designation form to the custodian. The custodian has provided no tax or legal advice to me regarding my beneficiary designations. In addition, any applicable spousal consent is provided on the attached form.

Plan Participant Signature \_\_\_\_\_ Plan Participant Name *(Please type or print)* \_\_\_\_\_ Date *(mm/dd/yyyy)* \_\_\_\_\_

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