

# Siebert

## Add / Change Beneficiary

### Return Instructions:

#### New Accounts:

Email: newaccounts@siebert.com

Phone: 800.872.0444

Fax: 212.486.2784

#### Employee Stock Plan Clients:

Email: shareplansupport@siebert.com

Phone: 800.993.2015

Fax: 402.342.2486

#### Name & Information

An account cannot be established without a permanent home address, P.O. Box is not acceptable. However, you may designate a P.O. Box for mailing purposes.

### Account Owner

Name/Account Title	Account Number	SSN/Tax ID	DOB/UAD Date
Address	City	State	Zip
Check here if you DO NOT want paperless confirms and statements (You will be charged a \$2.00 statement fee per quarter if you opt to receive paper statements through the mail.)			
Email	Home Phone	Work Phone	

### Are you a U.S. Citizen?

Yes	No (If not, then fill below)		
Mailing Address (If your mailing address is different from above, please fill in the fields below)			
Address	City	State	Zip
Passport # (If Non U.S. Citizen)	Resident Alien	Non-resident Alien (attach form W-8)	

Non-U.S. resident attach a copy of your unexpired passport / government issued I.D. with Photo

### Beneficiary Information This section is **only** for Trusts, Retirement Accounts and Transfer on Death Accounts.

PLEASE NOTE: If you are located in a community or marital property state and intend to select an individual other than your spouse as your primary beneficiary, please complete the [spousal consent form](#). There are nine community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. Alaska is an opt-in property state that gives both parties the option to make their property community property.

#### REPLACE BENEFICIARY(IES)

I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this account, and hereby revoke all prior beneficiary(ies) designations, if any, made by me.

#### ADD BENEFICIARY(IES)

I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this account. This list supplements, but does not replace, the beneficiary(ies) previously designated by me. (When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share % if the previous percentages are no longer correct.

#### TOD REGISTRATION

I agree to create a transfer on death ("TOD") registration for the account listed above; and have my Individual, Joint tenant with rights of survivorship or Joint tenants in common account with TOD registration and designate a beneficiary/ies for my account. I designate the beneficiaries identified below to receive all assets held in the account upon death, or the death of the last surviving account owner of a joint account.

### Beneficiary(ies)

If more than one Primary Beneficiary is listed, make sure percentage is noted.

First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship:	Spouse	Trust	Estate	Charity or other Entity	Non-Spouse Individual
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship:	Spouse	Trust	Estate	Charity or other Entity	Non-Spouse Individual
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship:	Spouse	Trust	Estate	Charity or other Entity	Non-Spouse Individual
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship:	Spouse	Trust	Estate	Charity or other Entity	Non-Spouse Individual
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship:	Spouse	Trust	Estate	Charity or other Entity	Non-Spouse Individual

## Contingent Beneficiary(ies)

Replaces Primary Beneficiary if Primary Beneficiaries predecease the Contingent Beneficiaries.

First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
<b>Relationship:</b> Spouse      Trust      Estate      Charity or other Entity      Non-Spouse Individual					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
<b>Relationship:</b> Spouse      Trust      Estate      Charity or other Entity      Non-Spouse Individual					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
<b>Relationship:</b> Spouse      Trust      Estate      Charity or other Entity      Non-Spouse Individual					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
<b>Relationship:</b> Spouse      Trust      Estate      Charity or other Entity      Non-Spouse Individual					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
<b>Relationship:</b> Spouse      Trust      Estate      Charity or other Entity      Non-Spouse Individual					



## Signature(s)

**DISCLOSURE:** If any primary or contingent beneficiary dies before me his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no percentage indicated will also be deemed to share equally. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

**BENEFICIARY REGISTRATION:** I acknowledge that I have, read, understand and agree to the terms of this form relating to the administration of adding beneficiaries to my retirement, trust or registration of my account as TOD. I understand that upon your death or the death of the last surviving account owner of a joint account we may require your beneficiaries to provide us with certain necessary documents prior to moving your assets into the beneficiaries' accounts. I also understand that there are complex legal and tax issues in a TOD registration.

I acknowledge that registering a securities account in TOD form is governed by state law and not all states have enacted such laws. I agree that Muriel Siebert & Co., as our Agent, may register and hold the securities in your TOD account in its name or other "street" or nominee name and that Muriel Siebert & Co., has no duty to determine the registration or ownership of the account before or after your death.

**NOTE:** Please consult with your tax and/or legal advisor on the enforceability of your beneficiary designation (s) under your particular state laws. The right to revoke or change any beneficiary designation is hereby reserved. All prior designation (if any) of beneficiaries are hereby revoked. If the beneficiary is a trust, please attach a signed copy of the trust document.

Signature	Date
	
Signature	Date
	

# Siebert

## Spousal Consent Form

### Return Instructions:

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Phone: 800.872.0444

Fax: 212.486.2784

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Email: shareplansupport@siebert.com

Phone: 800.993.2015

Fax: 402.342.2486

\* Spousal consent should be considered if either the trust or residence of the account owner is located in a community or marital property state. There are nine community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. Alaska is an opt-in community property state that gives both parties the option to make their property community property.

### Consent Of Spouse

I am the spouse of the 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 beneficial, designation indicated on the beneficiary election form. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse	Date
	

First Name	M.I.	Last Name

Please print your name here

Signature of Witness	Date
	

First Name	M.I.	Last Name

Please print your name here

**Account Verification (For Employee Stock Plan Services Designation or Change of Beneficiary(ies) Only)**

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**Government-Issued Identification**

Please submit a copy of your valid U.S. driver's license or passport below.

If the documentation does not fit in the space provided please submit a separate copy with this form.

**Passport Or Driver's License**