



LEVERAGE RETIREMENT, INC.

Beneficiary Designation

YOUR INFORMATION

PLAN NAME/COMPANY		
FIRST NAME	MIDDLE	LAST
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	EMAIL
SOCIAL SECURITY/TAX ID NUMBER	DATE OF BIRTH (MM/DD/YYYY)	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced

AUTHORIZATION


By signing this Application, you hereby authorize the beneficiary designations for your retirement account.

In the event of my death, pay the full value of my Account (in equal proportions in the case of multiple beneficiaries unless I indicate otherwise) to the Primary Beneficiary(ies) as designated below. I understand that if a Primary Beneficiary predeceases me, the remaining portion will be divided proportionately to any surviving Primary Beneficiaries in the manner provided in the Schnitman Group Retirement Plan. If no Primary Beneficiary survives me, pay the full value of my Account (in equal proportions in the case of multiple beneficiaries unless I indicate otherwise) to the Contingent Beneficiary(ies) as designated below. I understand that if a Contingent Beneficiary predeceases me, the remaining portion will be divided proportionately to any surviving Contingent Beneficiaries in the manner provided in the Schnitman Group Retirement Plan. If no designated beneficiary survives me, or if I do not designate a beneficiary, pay the full value of my Account to my estate.

I understand that I may change or revoke this designation at any time by completing a new Retirement Beneficiary Form during my lifetime with Schnitman Group. It will become effective when Schnitman Group receives it.

I understand that if I am currently married, my spouse must be listed as 100% Primary Beneficiary; otherwise, my spouse must sign in the presence of a Notary. This signifies authorization and approval of the following beneficiary designations as is required by Law.

SIGNATURE AND DATE REQUIRED

 ACCOUNT HOLDER SIGNATURE	PRINT NAME	DATE
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LOOK FORWARD TO YOUR TOMORROWS

BENEFICIARY DESIGNATION

List your beneficiary(ies). Contingent beneficiaries will receive your account only in the event that your Primary predeceases you.

1	TYPE OF BENEFICIARY <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	SHARE %*	RELATIONSHIP <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Mother/Father <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other	SOCIAL SECURITY/TAX ID NUMBER
NAME <i>(if individual, include first, middle, last)</i>				
LEGAL STREET ADDRESS		CITY, STATE, ZIP CODE		

2	TYPE OF BENEFICIARY <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	SHARE %*	RELATIONSHIP <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Mother/Father <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other	SOCIAL SECURITY/TAX ID NUMBER
NAME <i>(if individual, include first, middle, last)</i>				
LEGAL STREET ADDRESS		CITY, STATE, ZIP CODE		

3	TYPE OF BENEFICIARY <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	SHARE %*	RELATIONSHIP <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Mother/Father <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other	SOCIAL SECURITY/TAX ID NUMBER
NAME <i>(if individual, include first, middle, last)</i>				
LEGAL STREET ADDRESS		CITY, STATE, ZIP CODE		

4	TYPE OF BENEFICIARY <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	SHARE %*	RELATIONSHIP <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Mother/Father <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other	SOCIAL SECURITY/TAX ID NUMBER
NAME <i>(if individual, include first, middle, last)</i>				
LEGAL STREET ADDRESS		CITY, STATE, ZIP CODE		

*Must add up to 100% per beneficiary type. If you wish to designate more than four beneficiaries, attach a separate sheet of paper and include all the information requested above.

SPOUSAL CONSENT

If your spouse was not listed as 100% Primary Beneficiary, then your spouse must sign in the presence of a Notary.

This signifies authorization and approval of your beneficiary designations as is required by Law.

- Not married, this section does not apply
 My spouse is listed as 100% primary beneficiary, therefore this section does not apply.

SIGNATURE AND DATE REQUIRED
PUBLIC NOTARY STAMP

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