



FOR INTERNAL USE ONLY

DESIGNATION OF RETIREMENT ACCOUNT BENEFICIARY

Please complete this form to add or change the beneficiary on your Retirement account.

Do not use this form to designate a beneficiary for a non-retirement account. If you want to add a beneficiary to a non-retirement account, please complete a Designation of Transfer on Death ("TOD") Beneficiary form.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURE(S)

1 ACCOUNT INFORMATION

First Name _____ MI _____ Last Name _____

Social Security Number _____ Date of Birth _____

- Please make this change to all of my reitirement accounts.
- Please make this change only to the retirement accounts listed below.

Fund Name _____ Account Number _____

Fund Name _____ Account Number _____

2 PRIMARY BENEFICIARY(IES) INDIVIDUAL(S) OR ENTITY(IES) WHO WILL RECEIVE THE FUNDS UPON OWNER'S DEATH.

If I fail to designate a beneficiary (or if all of my designated primary and secondary beneficiaries predecease me), my beneficiary will be deemed my estate. I also understand that for certain designations, it will become the responsibility of the Executor/Administrator of my estate to identify the specific beneficiaries at the time of my death. I have made my Executor/Administrator aware of his or her responsi- bilities hereunder.

1 _____
Name of Beneficiary or Entity

Street Address or P.O. Box

City State Zip

Social Security Number or Tax Identification Number

Social Security Number or Tax Identification Number

Date of Brith Relationship % of Account

2 _____
Name of Beneficiary or Entity

Street Address or P.O. Box

City State Zip

Social Security Number or Tax Identification Number

Social Security Number or Tax Identification Number

Date of Brith Relationship % of Account



3 SECONDARY BENEFICIARY(IES) INDIVIDUAL(S) OR ENTITY(IES) WHO WILL RECEIVE THE FUNDS UPON THE DEATH OF ALL

Unless otherwise indicated, Ariel will assume equal beneficiary distribution if more than one primary beneficiary is designated. The sum of the percentages for all primary beneficiaries must equal 100%. If you wish to name more than two primary beneficiaries, please attach a separate sheet with all of the requested information for each beneficiary.

1 _____
Name of Beneficiary or Entity

Street Address or P.O. Box

City State Zip

Social Security Number or Tax Identification Number

Social Security Number or Tax Identification Number

Date of Brith Relationship % of Account

2 _____
Name of Beneficiary or Entity

Street Address or P.O. Box

City State Zip

Social Security Number or Tax Identification Number

Social Security Number or Tax Identification Number

Date of Brith Relationship % of Account

4 SIGNATURE(S)

If I fail to designate a beneficiary (or if all of my designated primary and secondary beneficiaries predecease me), my beneficiary will be deemed my estate. I also understand that for certain designations, it will become the responsibility of the Executor/Administrator of my estate to identify the specific beneficiaries at the time of my death. I have made my Executor/Administrator aware of his or her responsibilities hereunder.

Signature of Account Owner Date

Signature of Spouse Date

Signature of Witness Date

Signature of Witness Date