Beneficiary Designation Change Form

VANTAGE®

Date Stamp
(Office use only)
Rev. 7/28/2025

This is a fillable PDF form. To complete the form, click in an area and type.

Account Owner Information *(As it appears on your account application)*

Legal Name: ______________________________ **Vantage Account #:** ____________________

First, Middle, Last

Marital Status: ◯ Single ◯ Widowed / Divorced ◯ Married *(please complete the Spousal Consent section if applicable)*

Beneficiary Information

I designate the following person(s) named below as my Primary and/or Contingent Beneficiaries of my plan. If the Primary or Contingent box is not checked for any of the beneficiaries, the beneficiaries will be deemed to be Primary Beneficiaries. 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 share percentage indicated will also be deemed to share equally. Share percentages must equal 100%. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate.

◯ **Primary**
◯ **Contingent**

Name: ______________________________ **Phone:** ______________
Address: ______________________________ **Relationship:** ______________
City: ______________________________ **State:** ________ **Zip:** ____________
Date of Birth: ____________________ **SSN/EIN:** ____________ **Share:** ______%

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust

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◯ **Primary**
◯ **Contingent**

Name: ______________________________ **Phone:** ______________
Address: ______________________________ **Relationship:** ______________
City: ______________________________ **State:** ________ **Zip:** ____________
Date of Birth: ____________________ **SSN/EIN:** ____________ **Share:** ______%

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust

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◯ **Primary**
◯ **Contingent**

Name: ______________________________ **Phone:** ______________
Address: ______________________________ **Relationship:** ______________
City: ______________________________ **State:** ________ **Zip:** ____________
Date of Birth: ____________________ **SSN/EIN:** ____________ **Share:** ______%

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust

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◯ **Primary**
◯ **Contingent**

Name: ______________________________ **Phone:** ______________
Address: ______________________________ **Relationship:** ______________
City: ______________________________ **State:** ________ **Zip:** ____________
Date of Birth: ____________________ **SSN/EIN:** ____________ **Share:** ______%

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust

8742 E. Via de Commercio, Scottsdale, AZ 85258 **VantageIRAs.com** Phone: 866.459.4580 | Fax: 480.306.8408

Signature

I understand I may change or add beneficiaries at any time by completing and delivering the proper form to the Administrator.

Account Owner's Signature: _____ **Date:** _____

Spousal Consent *(Only required if your spouse is not the primary beneficiary - see note below)*

The consent of spouse must be signed only if all of the following conditions are present:

a. Your spouse is living;
b. Your spouse is not the sole primary beneficiary named and;
c. You and your spouse are residents of a community property state (such as AZ, CA, ID, LA, NV, NM, TX, WA or WI).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary form and I understand I have a property interest in the account. I hereby acknowledge and consent to the above Designation of Beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, _____ hereby consent to the above Beneficiary designation.
First, Middle, Last

Spouse's Signature: _____ **Date:** _____

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.)

Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Administrator disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

Acceptance

The Administrator acknowledges and accepts receipt of this Beneficiary Designation or Change Form.

Authorized Signature of Administrator: _____ **Date:** _____

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