

For each beneficiary listed, please provide all information.

Share % must total 100%. Only whole numbers please.

When to use this form:

- To establish or update primary beneficiaries.
- To establish or update contingent beneficiaries.

1 Account Owner Information

Owner #1 Name _____

Owner #2 Name (if applicable) _____

2 Primary Beneficiaries

Name or Name of Trust _____			
Mailing Address _____			
Phone # _____	Email _____		
SSN/Tax ID # _____	Date of Birth _____		
☐ Spouse	☐ Non-Spouse	☐ Trust	☐ Other Entity Share % _____

Name or Name of Trust _____			
Mailing Address _____			
Phone # _____	Email _____		
SSN/Tax ID # _____	Date of Birth _____		
☐ Spouse	☐ Non-Spouse	☐ Trust	☐ Other Entity Share % _____

Name or Name of Trust _____			
Mailing Address _____			
Phone # _____	Email _____		
SSN/Tax ID # _____	Date of Birth _____		
☐ Spouse	☐ Non-Spouse	☐ Trust	☐ Other Entity Share % _____

Name or Name of Trust _____			
Mailing Address _____			
Phone # _____	Email _____		
SSN/Tax ID # _____	Date of Birth _____		
☐ Spouse	☐ Non-Spouse	☐ Trust	☐ Other Entity Share % _____

EMAIL & MAILING OPTIONS: admin@stadiacapitalgroup.com

P.O. Box 437260, Kamuela, HI 96743-7260

P.O. Box 4710, El Dorado Hills, CA 95762-9998

For each beneficiary listed, please provide all information.

Share % must total 100%. Only whole numbers please.

3 Contingent Beneficiaries

Name or Name of Trust _____
 Mailing Address _____
 Phone # _____ Email _____
 SSN/Tax ID # _____ Date of Birth _____
☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Other Entity Share % _____

Name or Name of Trust _____
 Mailing Address _____
 Phone # _____ Email _____
 SSN/Tax ID # _____ Date of Birth _____
☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Other Entity Share % _____

Name or Name of Trust _____
 Mailing Address _____
 Phone # _____ Email _____
 SSN/Tax ID # _____ Date of Birth _____
☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Other Entity Share % _____

Name or Name of Trust _____
 Mailing Address _____
 Phone # _____ Email _____
 SSN/Tax ID # _____ Date of Birth _____
☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Other Entity Share % _____

4 Account Authorization

Account Owner #1 Signature _____

Today's Date (mm/dd/yyyy) _____

Account Owner #2 Signature (if applicable) _____

Today's Date (mm/dd/yyyy) _____

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