



# PENSCO TRUST COMPANY

Please return by:

Fax: 415-956-3016

Regular Mail:

P.O. Box 26903  
San Francisco, CA  
94126-6903

Overnight Delivery Only:

450 Sansome Street, Fl. 14  
San Francisco, CA  
94111-3306

# Primary Beneficiary Designation

(Required)

www.penscotrust.com | 800-969-4472

- **Please complete the information below to update the primary beneficiary(ies) on your account.** You are required to have at least one beneficiary and are not limited to the number of total beneficiaries. If you wish to designate secondary beneficiaries, please complete the *Secondary Beneficiary Designation* form.
- For primary beneficiaries that are Trusts, Wills, or Estates, please include a copy of the related legal documents (i.e. beneficiary and signature pages). If a Trust is one of your beneficiaries, please provide a copy of the Trust, or at least the first page, the page stating the trustee designation, and the signature page.
- This form allows space for two beneficiaries but you may designate as many as you would like. If you have more than two, please complete an additional copy of this form. Primary share percentages must add up to a total of 100%.
- **Please note:** *The beneficiary information provided below replaces any current primary beneficiary designations.*

## 1. Accountholder Information

Account #: \_\_\_\_\_

Accountholder's First Name \_\_\_\_\_

M.I. Last \_\_\_\_\_

Social Security #: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

## 2. Primary Beneficiary Designation

Please indicate the Primary Share Percentage(s) in the boxes on the left. The total at the bottom must add up to 100%. If you have more than two primary beneficiaries, complete additional copies of this form and indicate the percentage total (100%) at the bottom of the last page.

Total number of Primary Beneficiaries: \_\_\_\_\_

_____%		
Example: 50%	Name of Individual, Trust, Will, Institution, etc. _____	<b>Relationship to Accountholder:</b>
	____-____-____ Date of Birth or Establishment: M M D D Y Y Y Y	<input type="checkbox"/> Spouse
	Social Security # or Tax ID # _____	<input type="checkbox"/> Son / Daughter
	Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="checkbox"/> Trust / Will / Estate
	Primary Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Other
	Address _____	Primary Phone # _____ Fax # _____
	City _____ State _____ Zip Code _____	Email Address _____

_____%		
Example: 50%	Name of Individual, Trust, Will, Institution, etc. _____	<b>Relationship to Accountholder:</b>
	____-____-____ Date of Birth or Establishment: M M D D Y Y Y Y	<input type="checkbox"/> Spouse
	Social Security # or Tax ID # _____	<input type="checkbox"/> Son / Daughter
	Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="checkbox"/> Trust / Will / Estate
	Primary Phone Type: <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Other
	Address _____	Primary Phone # _____ Fax # _____
	City _____ State _____ Zip Code _____	Email Address _____

_____% =	<input type="checkbox"/> <b>TOTAL</b> - Must equal 100% <input type="checkbox"/> <b>SUBTOTAL</b> - Total appears on a subsequent page	All primary beneficiary shares must add up to 100%, i.e., if you only have one primary beneficiary, put 100%. If you have two equal primary beneficiaries, put 50% and 50%.
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## 3. Signatures

The spousal consent signature is **required only if the primary beneficiary is other than the spouse** and the Accountholder is subject to laws of a community property state.

I consent to the above Primary Beneficiary Designation:

➔ \_\_\_\_\_  
Spousal Signature Date

➔ \_\_\_\_\_  
Accountholder Signature Date