



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

Solo(k) Secondary Beneficiary Designation

(Optional)

www.penscotrust.com | 866-818-4472

The original of this form must be kept by the employer. Please submit a copy to PENSCO Trust.

- Please complete the information below to indicate who will receive Plan benefits payable upon your death. You are required to have at least one beneficiary and are not limited to the number of total beneficiaries.
- For secondary beneficiaries that are trusts or estates, please include a copy of the related legal documents (i.e., beneficiary and signature pages).
- If you have more than two secondary beneficiaries, complete additional copies of this form and indicate the percentage total (100%) at the bottom of the last page.
- **Please note:** If you designate two or more primary or secondary beneficiaries, and one of them predeceases you, his or her share will be allocated pro rata to the surviving primary or secondary beneficiaries, unless you indicate otherwise in an attachment to this form.

1. Plan Name:

(Enter the plan name you entered in Section 1 of your Solo(k) Application form)

2. Participant Information Currently Married

Participant's First Name

M.I. Last

Social Security #: _____

Date of Birth: _____
M M D D Y Y Y Y

3. Secondary Beneficiary Designation

Please indicate the Secondary Share Percentage(s) in the boxes on the left. The total at the bottom must add up to 100%.

Total number of Secondary Beneficiaries: _____

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

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

% = **TOTAL** - Must equal 100%
 % = **SUBTOTAL** - Total appears on a subsequent page

All secondary 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%.

3. Participant Signature

The designations above supersede any previous beneficiary designations I have made for my Plan benefits.

 Participant Signature Date