

BENEFICIARY DESIGNATION



PO Box 19700, Irvine, CA 92623-9700
Fax: 866.303.9360

OWNER

Name (First/M/Last)

SSN

Date of Birth

Phone Number

Investment Number(s)

INVESTMENT TYPE

Non-Retirement Investment

403b

Traditional

Roth

(If your non-retirement investment is in the name of your Trust, this form is not needed)

BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this investment be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

PRIMARY BENEFICIARIES *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages.)*

Name

Address

City

State

ZIP

Tax ID (SSN/TIN)

Date of Birth

Relationship

% Designated

Name

Address

City

State

ZIP

Tax ID (SSN/TIN)

Date of Birth

Relationship

% Designated

CONTINGENT BENEFICIARIES *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages.)*

Name

Address

City

State

ZIP

Tax ID (SSN/TIN)

Date of Birth

Relationship

% Designated

Name

Address

City

State

ZIP

Tax ID (SSN/TIN)

Date of Birth

Relationship

% Designated

Name

Address

City

State

ZIP

Tax ID (SSN/TIN)

Date of Birth

Relationship

% Designated

Name

Address

City

State

ZIP

Tax ID (SSN/TIN)

Date of Birth

Relationship

% Designated

CONSENT OF SPOUSE

I am the spouse of the above-named investment owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this investment, I have been advised to see a tax professional. I hereby relinquish any interest that I may have in this investment and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse

(If spouse is not sole beneficiary)

Date

SIGNATURES

I understand that I may replace my beneficiary designations at any time by submitting the proper form to CDF Capital. CDF has provided no tax or legal advice to me regarding my beneficiary designations. I designate the persons or entities named above as my primary and/or contingent beneficiaries of this investment. I hereby revoke all prior beneficiary designations, if any, made by me.

Signature of Owner

Date

Signature of Joint Owner *(If Applicable)*

Date