

Solo 401(k) Beneficiary Designation/Change Request



This Solo(k) Beneficiary Designation or Change Request Form is used by solo(k) participants to change the beneficiaries for their solo(k).

Step 1. Request Type

Select one: Update Beneficiary Designations Remove All Beneficiary Designations

Step 2. Account Information

First Name	Middle Initial	Last Name	Account Number
Date of Birth (mm/dd/yyyy)	Last 4 digits of Social Security Number		

Step 3. Beneficiary Designation

Important: The information provided on this form will replace all existing primary and contingent beneficiary designations. In the event of my death, pay the full value of my Account (in equal proportions in the case of multiple beneficiaries unless I indicate otherwise) to the Primary Beneficiary(ies) as designated below. I understand that if a Primary Beneficiary predeceases me, the remaining portion will be divided proportionately to any surviving Primary Beneficiaries determined under the provisions of the above-named Plan. If no Primary Beneficiary survives me, pay the full value of my Account (in equal proportions in the case of multiple beneficiaries unless I indicate otherwise) to the Contingent Beneficiary(ies) as designated below. I understand that if a Contingent Beneficiary predeceases me, the remaining portion will be divided proportionately to any surviving Contingent Beneficiaries in the manner provided under the above-named Plan. If no designated beneficiary survives me, or if I do not designate a beneficiary, pay the full value of my Account per the provisions of the above-named Plan. While beneficiary names provided without the social security number will be maintained on file and will be included as a beneficiary, I understand these names will not be displayed in my online account information.

The beneficiary(ies) must be named on this form. For example, the terms 'spouse', 'children', or 'per stirpes' are not acceptable designations for "Beneficiary Name". I understand that I may change or revoke this designation at any time by completing a Beneficiary Designation/Change Request form, subject to spousal consent, if required, becoming effective when AAS receives it.

I understand that if AAS determines that my beneficiary designation is not clear with respect to the amount of the distribution, the date on which the distribution shall be made, or the identity of the party or parties who will receive the distribution, AAS will have the right, in its sole discretion, to consult counsel and to institute legal proceedings to determine the proper distribution of the Account, all at the expense of the Account, before distributing or transferring the Account.

PLEASE NOTE: The share percentages must add up to 100% for the designated primary beneficiaries and 100% for the designated contingent beneficiaries. If the percentages do not add up to 100%, Axos Advisor Services will assume those beneficiaries will receive equal shares. If your beneficiary allocation totals at least 99%, but less than 100% (e.g., three named beneficiaries are each assigned a 33.33% interest in the account), AAS will assign the unallocated remainder to the first beneficiary. If Primary or Contingent is not marked, then the beneficiary will be deemed Primary. If you wish to designate additional beneficiaries than space allows below, please check the box and attach a separate sheet of paper and include all the information as requested below.

By signing this form, I hereby designate the individual(s) or entity(ies) below as my beneficiary(ies):

Type of Beneficiary	Beneficiary Name	SSN	DOB	Relationship	Share
<input type="checkbox"/> Primary	_____	_____	_____	_____	%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	%

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Consent of Spouse

Notarized signature is required when the spouse is not listed as 100% primary beneficiary.

I, the undersigned spouse of the above-named Participant, have read the Beneficiary Designation above and hereby consent to such Beneficiary Designation, including all Primary and Contingent Beneficiaries. I understand that by consenting to this Designation, I may be waiving my right to receive a benefit under the Plan in the event of my spouse's death. I have signed this consent freely and voluntarily. I understand that I may not revoke this consent, except by consenting to another Beneficiary Designation signed by the Participant.

I hereby consent to my spouse's election not to have benefits remaining in his or her plan paid in the form of a Qualified Pre-Retirement Survivor Annuity at his or her death. I understand that my consent cannot be revoked unless my spouse revokes the above waiver.

I am the spouse of the Participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving all or a portion of any rights I may have to receive benefits under the Plan when my spouse dies.

Signature of Spouse **Date (mm/dd/yyyy)**

Name of Spouse (Please Print)

Notary Public Acknowledgment

State *County*

NOTARY SEAL

I hereby certify that _____ (Name) appeared before me on
This _____ day of _____, 20____, and signed this form in my presence.

Notary Public Signature *My Commission Expires (Date)*

Step 4. Account Owner Signature

I have read, understand and agree to the information listed above. I certify that the information I have provided is accurate and complete. I assume all responsibilities for the elections I have made, including those related to naming a non-spouse beneficiary if I am married. This primary and/or contingent beneficiary designation supersedes any previous primary and/or contingent beneficiary designation for the account listed in Step 2 or, if removing all beneficiary designations, my beneficiary will be determined by the provisions of the above-named Plan.

Participant Signature

x

Participant Signature Print Name Date