



Mutual Shareholder Services, LLC

## Change of Beneficiary Form

- Use this form to add or change beneficiaries on your retirement account(s).
- Please print or type in black ink.
- Questions? Call (817) 217-8363

### 1. Account Information.

Fund Family Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
First MI Last

Mailing Address: \_\_\_\_\_  
Street City State Postal Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Daytime Telephone Number: ( ) \_\_\_\_\_

### 2. Change My Primary Beneficiary(ies) to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Share % of Account Relationship

\_\_\_\_\_  
Share % of Account Relationship

### 3. Change My Contingent Beneficiary(ies) to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Share % of Account Relationship

\_\_\_\_\_  
Share % of Account Relationship

