



**BENEFICIARY FORM**

**PLEASE COMPLETE THE FOLLOWING FORM**

\_\_\_\_\_  
Social Security Number      Last Name      First Name      MI       Married       Unmarried

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City      State      Zip Code      Daytime Telephone      Birth Date      Partnership Date

**DESIGNATION OF BENEFICIARY**

Designate the beneficiary(ies) who will receive your GenXchange Investment Club capital account if you die. If you are married, your spouse is automatically your beneficiary. **If you are married and want to name someone other than your spouse as sole primary beneficiary, your spouse must give his or her notarized consent to this designation.** If you marry while still an active member of GenXchange Investment Club, your spouse automatically becomes your beneficiary. Failure to obtain spousal consent, if required, renders this designation invalid.

In accordance with the provisions of this form, you hereby revoke any previous designation of beneficiary(ies) for the capital account and designate the following as beneficiary(ies) of any and all amounts payable in your capital account by reason of your death.

**Primary Beneficiary(ies):**

\_\_\_\_\_  
First Name      Middle Initial      Last Name      Primary Beneficiary's Social Security Number      Percentage of Benefit

\_\_\_\_\_  
First Name      Middle Initial      Last Name      Primary Beneficiary's Social Security Number      Percentage of Benefit

**Secondary Beneficiary(ies):**

\_\_\_\_\_  
First Name      Middle Initial      Last Name      Secondary Beneficiary's Social Security Number      Percentage of Benefit

\_\_\_\_\_  
First Name      Middle Initial      Last Name      Secondary Beneficiary's Social Security Number      Percentage of Benefit

**Check this box if you attached additional beneficiaries on a separate page with the percentage you would like these additional beneficiaries to receive. Clearly distinguish between primary and secondary beneficiaries. You must sign the separate page, have it witnessed. If married, your spouse's notarized consent, if your spouse is not your sole primary beneficiary.**

\_\_\_\_\_  
Participant's Signature      Participant's Name      Date

\_\_\_\_\_  
Witness' Signature      Witness' Name      Date

Spouse's consent: I, the spouse of the participant named above, do hereby approve and consent to the foregoing designation of beneficiary. Further, I acknowledge (1) that the effect of this consent is that the beneficiary(ies) named above will receive any death benefits payable from the GenXchange capital account, and I have waived my rights to benefits in the event of my spouse's death; (2) that this beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse changes this designation.

\_\_\_\_\_  
Spouse's Signature      Date

\_\_\_\_\_  
Witness by Notary      Date