The Entrust Group

555 12th Street, Suite 900
Oakland, CA 94607
Phone: (800) 392-9653
Fax: (510) 587-0960
newaccounts@theentrustgroup.com

Solo 401(k) Participant Beneficiary Designation

1 Participant Information

PARTICIPANT NAME *(as it appears on your account application)*	EMAIL ADDRESS	DAYTIME PHONE NUMBER

PRE-TAX 401(k) ACCOUNT NUMBER *(leave blank if N/A)*	ROTH 401(k) ACCOUNT NUMBER *(leave blank if N/A)*

2 Who Are Your Beneficiaries?

Please note that you must designate at least one individual or entity as a beneficiary to open your account.

I hereby designate the below individual(s) and/or entities as my beneficiary(ies) of my plan. 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 Beneficiaries in a manner provided in accordance with the terms of the 401(k) Plan and Trust. 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 above. I understand that if the Contingent Beneficiary predeceases me, the remaining portion will be divided proportionately to any surviving Contingent Beneficiary in a manner provided in accordance with the terms of the 401(k) Plan and Trust. If no beneficiary survives me, or if I do not designate a beneficiary, pay the full value of my account to my estate. I understand that I may revoke this designation at any time by completing a new Beneficiary Designation Form during my lifetime with Entrust. It will become effective when Entrust receives it.

I understand that if Entrust determines that my beneficiary designation is not clear with the respect to the amount of distribution, the date on which the distribution is made, or the identity of the party or parties who will receive the distribution, Entrust 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.

Primary Beneficiary(ies) share percentage must add up to exactly 100%. Contingent Beneficiary(ies) share percentage must add up to exactly 100%. The portion percentage(es) must add up to exactly 100% per beneficiary type. The portion may be extended to six decimal places in the hundredths position. If left blank, the portions will be equally distributed among the beneficiaries. Distributions cannot be expressed in dollar amounts.

2A: Individual Beneficiaries

Use this section if you're naming any people as beneficiaries. An asterisk **(*)** indicates that the field is required.

For each beneficiary, you must also provide **at least one** of:

- Address
- Phone Number
- Email Address

1. ☐ PRIMARY or ☐ CONTINGENT*

NAME *(first, middle, last)**	RELATIONSHIP*	SHARE* %	PHONE NUMBER

ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS

2. ☐ PRIMARY or ☐ CONTINGENT*

NAME *(first, middle, last)**	RELATIONSHIP*	SHARE* %	PHONE NUMBER

ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS

3. ☐ PRIMARY or ☐ CONTINGENT*

NAME *(first, middle, last)**	RELATIONSHIP*	SHARE* %	PHONE NUMBER

ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS

'Who Are Your Beneficiaries? section continues on page 2

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2 Who Are Your Beneficiaries?

2B: Entity Beneficiaries

Use this section if you're naming any entities (e.g. charities, corporations, trusts, or foundations) as beneficiaries. An asterisk **(*)** indicates that the field is required.

Are you designating a trust as the beneficiary? *(select one)** ☐ YES or ☐ NO

- If a trust is named as a Beneficiary, you must provide a copy or abstract of the Trust or a Certification of Trust.

1. ☐ PRIMARY or ☐ CONTINGENT*

NAME OF ENTITY*	RELATIONSHIP*	SHARE* %	TAX ID *(only required if the entity is a trust)**
NAME OF PRIMARY CONTACT*	PHONE NUMBER	EMAIL ADDRESS	
ADDRESS	CITY, STATE, ZIP		

2. ☐ PRIMARY or ☐ CONTINGENT*

NAME OF ENTITY*	RELATIONSHIP*	SHARE* %	TAX ID *(only required if the entity is a trust)**
NAME OF PRIMARY CONTACT*	PHONE NUMBER	EMAIL ADDRESS	
ADDRESS	CITY, STATE, ZIP		

3. ☐ PRIMARY or ☐ CONTINGENT*

NAME OF ENTITY*	RELATIONSHIP*	SHARE* %	TAX ID *(only required if the entity is a trust)**
NAME OF PRIMARY CONTACT*	PHONE NUMBER	EMAIL ADDRESS	
ADDRESS	CITY, STATE, ZIP		

3 Participant Signature

SIGNATURE:	**DATE:**

Form continues on page 3

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4 Spousal Consent *(only required in certain scenarios)*

IMPORTANT: This form must be notarized to confirm that the spouse has waived part or all of their benefits. If the form is not notarized, the spouse must provide a copy of a valid, unexpired government-issued photo ID (such as a driver's license or passport) that clearly shows both their photo and signature.

Spousal Consent is required only if all of the following conditions are met:

A. The spouse is not the sole primary beneficiary named and;
B. The account owner and the spouse are residents of a community property state (such as AZ, CA, ID, LA, NV, NM, TX, WA, or WI)

I, the spouse of the account owner listed above, hereby certify that I have reviewed the designation of beneficiary(ies) information for the Entrust Account listed above and I understand that I have a legal interest in the account. I hereby acknowledge and consent to the designation of beneficiary(ies) other than, or in addition to, myself as primary beneficiary for this account. I further acknowledge that I am waiving part or all of my rights to receive benefits under this account when my spouse dies.

Spouse Signature:	**DATE:**

NOTARY CERTIFICATION REQUIRED

STATE OF _____

COUNTY OF _____

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared _____; ☐ to me personally known or ☐ who produced the foregoing _____ as identification, to me known to be the person described in and who executed instrument and acknowledged before me that he executed the same.

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____

NOTARY PUBLIC _____

Submission Options

SUBMIT BY FAX	SUBMIT BY EMAIL	SUBMIT BY MAIL
(510) 587-0960	newaccounts@theentrustgroup.com	The Entrust Group 555 12th Street, Suite 900 Oakland, CA 94607