

# Designation or Change of BENEFICIARY FORM

[FORM COB.2020.4]

SARATOGA  
ADVANTAGE TRUST



## SECTION I: CLIENT INFORMATION

Print Name (Exactly As Account Is Registered)

Account Number

Social Security Number

Date of Birth

Telephone Number

## SECTION II: BENEFICIARY DESIGNATION

Complete this section to designate your beneficiaries. Alternate Beneficiaries receive distributions only if there are no surviving Primary Beneficiaries. Please specify the percentage of the total distribution to be received by each beneficiary.

As Depositor, I hereby make the following designation of beneficiary in accordance with the First National Individual Retirement Custodial Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary.

### Primary Beneficiary or Beneficiaries

Name	Relationship	Date of Birth	Social Security Number	Proportion

If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

### Alternate Beneficiary or Beneficiaries

Name	Relationship	Date of Birth	Social Security Number	Proportion

**IMPORTANT:** This Designation of Beneficiary may have important tax or estate planning effects. Also, if you are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your Account. See your lawyer or other tax professional for additional information and advice.

**SECTION III: SPOUSAL CONSENT**

*This section should be reviewed if the accountholder is married and designates a beneficiary other than the spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent.*

I am the spouse of the above-named accountholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

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Signature of Spouse

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Date

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Signature of Witness for Spouse

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Date**SECTION IV: AUTHORIZATION AND SIGNATURE**

I hereby consent to the beneficiary designation(s) indicated above.

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Signature

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Date

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Name (Please Print)**SUBMISSION INSTRUCTIONS****Mail the form to:**

The Saratoga Advantage Trust  
c/o Ultimus Fund Solutions, LLC  
4221 North 203<sup>rd</sup> Street, Suite 100  
Elkhorn, NE 68022

**Thank you for choosing the Saratoga Advantage Trust.**  
**Please remember to keep a copy of all forms for your records.**