



Mail or FAX completed forms to:
PO Box 2569, Omaha, NE 68103
Fax: 866-812-3144

Questions? Call us at 1-888-OUR-HRBB

Account Owner	
Name (Print Clearly)	Contact Phone Number: □ □ □ - □ □ □ - □ □ □ □
Account Number: □ □ □ □ □ □ □ □ □ □	SSN/TIN: □ □ □ - □ □ □ - □ □ □ □ □ □

I hereby make the following designation of beneficiary pursuant to the provisions of my above-referenced account.

Primary Beneficiary:

_____	_____	_____
Name	Social Security Number	Date of Birth

_____	_____	_____
Address	Relationship	%*

_____	_____	_____
Name	Social Security Number	Date of Birth

_____	_____	_____
Address	Relationship	%*

* Percentages must equal 100%.

If I have not designated a percentage across beneficiaries, pay out any existing interest in equal proportions.

If none of the above-named beneficiaries survives me, pay any interest I may have under my Account to the following alternate beneficiary or beneficiaries or the survivor(s) thereof:

Contingent:

_____	_____	_____
Name	Social Security Number	Date of Birth

_____	_____	_____
Address	Relationship	%*

_____	_____	_____
Name	Social Security Number	Date of Birth

_____	_____	_____
Address	Relationship	%*

* Percentages must equal 100%.

Required
X _____
Account Owner Signature Date

Clarify Case# _____