

CHANGE OF BENEFICIARY

Forward To: 214 West 9th Street PO Box 420 Onaga, KS 66521-0420 P) 800.521.9897 F) 913.901.4190

Please Print or Type						customerser	vice@mainstartr	ust.com
Accour	tholder Name	ACCOUNTHOL	DER INF	ORMATIC		nt Number		
Accour	itiloidei Naille				Accou	iit Nullibei		
Address				Social Security Number				Rirth
Audiess			Social Security Number			Date Of	Date Of Birth	
				Ruci	ness Phone		Home P	hone
				Dusi	iless Filolie		Tiome r	HOHE
I designate that upon my death, the terminates completely, and the per designation. Mainstar Trust will rely indicated, the beneficiaries will be indicated, the beneficiaries will be If no primary beneficiary(ies) surviv share percentage indicated will also	centage share of any y on instruction from deemed to be a prim- deemed to own equa- es me, the continger so be deemed to sha	remaining beneficiaries the executor of your esta ary beneficiary. If more tall share percentages in the beneficiary(ies) shall are equally. BENEFICIAR	will be increate regarding than one printhe Account. cquire the de	ased on a pro the identity of nary beneficia signated shar	rata basis unle the heirs per st ry is designated e of my Accoun	ss you indicate a tirpes. If neither p d and no distribu t. Multiple contin	Per Stirpes benef orimary nor conting tion percentages a gent beneficiaries	gent is are with no
If you are designating a Trust as owner of the account, the fully exe					page of the Tru	ist are required	. Upon the Trust t	ecoming
Name and Address	Phone	Email		Date of Birth	SSN	Relation	Primary or Contingent	Share %
		SPOUSA	L CONS	ENT				
This section should be reviewed if community or marital property stat competent tax or legal advisor.								sult with a
Current Marital Status								
I am not Married - I und	erstand that if I beco	me married in the future	, I should rev	view a new Ch	ange of Benefic	ciary form.		
I am Married - I underst		. ,	•			· ·		
I am the spouse of the above-name obligations. Due to the important t		•					, ,	cial
I hereby give the account holder ar assume full responsibility for any a							ation(s) indicated	above. I
Spouse Signature		Date		Witness	Signature		[Date
		AUTHORIZE	D SIGN	ATURES				
		Important: Pleas			na			
I understand that I may change no tax or legal advice to me reg		y time by completing a		_	_	Custodian. The	Custodian has p	orovided
Accountholder Signature		Date	_ e	Witness Signature				Date