



Mail or FAX completed forms to:  
PO Box 44215, Jacksonville, FL 32232-4215  
Fax: 866-812-3144

**Questions?** Call us at 1-800-HRBLOCK

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
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Address	Relationship	%*
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Name	Social Security Number	Date of Birth
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Address	Relationship	%*
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\* 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
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Address	Relationship	%*
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Name	Social Security Number	Date of Birth
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Address	Relationship	%*
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\* Percentages must equal 100%.

<b>Required</b>
<b>X</b> _____
<b>Account Owner Signature</b> <span style="float: right;"><b>Date</b></span>

Clarify Case# \_\_\_\_\_