

Change of Beneficiary Form

Account Holder Information	
<hr/> Account Name	<hr/> Vision Account Number
<hr/> Address (Street Address, City, State, Zip)	

Beneficiary Information	
<p>I hereby revoke all previous beneficiary designations and designate the following as the beneficiary(ies) to receive my death benefits under the Sterling Trust Company Individual Retirement Account Custodial Agreement as of the date of my signature below. (If designating a Trust, a copy of the Trust must be submitted with this form).</p>	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
<hr/> Beneficiary Name	<hr/> Relationship
<hr/> Social Security Number	<hr/> Date of Birth
<hr/> Benefit %	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
<hr/> Beneficiary Name	<hr/> Relationship
<hr/> Social Security Number	<hr/> Date of Birth
<hr/> Benefit %	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
<hr/> Beneficiary Name	<hr/> Relationship
<hr/> Social Security Number	<hr/> Date of Birth
<hr/> Benefit %	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
<hr/> Beneficiary Name	<hr/> Relationship
<hr/> Social Security Number	<hr/> Date of Birth
<hr/> Benefit %	
<p>Use additional forms if necessary. Please note: Primary and Contingent Beneficiary benefit percentages must each equal 100%. Do not use fractional percentages or dollar amounts.</p>	

Please Sign and Date Below	
<p>Please note: Beneficiary changes will only be processed by the use of this form. After completion, please forward the original to: Vision, Four High Ridge Park, Stamford, CT 06905.</p>	
<p>X</p> <hr/> Signature of Account Holder	<hr/> Date: (Required) Must be dated to be valid
<p>Trustee Acceptance: STERLING TRUST COMPANY</p>	
<hr/> Trust Office	<hr/> Date