

Change of Beneficiary Form

Account Holder Information

Account Name _____

Vision Account Number _____

Address (Street Address, City, State, Zip) _____

Beneficiary Information

I hereby revoke all previous beneficiary designations and designate the following as the beneficiary(ies) to receive my death benefits under the Sterling Trust 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).

Primary Contingent

Beneficiary Name _____

Relationship _____

Social Security Number _____

Date of Birth _____

Benefit % _____

Primary Contingent

Beneficiary Name _____

Relationship _____

Social Security Number _____

Date of Birth _____

Benefit % _____

Primary Contingent

Beneficiary Name _____

Relationship _____

Social Security Number _____

Date of Birth _____

Benefit % _____

Primary Contingent

Beneficiary Name _____

Relationship _____

Social Security Number _____

Date of Birth _____

Benefit % _____

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.

Please Sign and Date Below

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.

X

Signature of Account Holder _____

Date: (Required) Must be dated to be valid _____

Custodian Acceptance: EQUITY TRUST COMPANY, D.B.A. STERLING TRUST

Trust Office _____

Date _____