

Change of Beneficiary Form

Account Holder Information	
Account Name	Vision Account Number
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 Equity Institutional 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	
Beneficiary Name	Relationship
Social Security Number	Date of Birth
	Benefit %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Beneficiary Name	Relationship
Social Security Number	Date of Birth
	Benefit %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Beneficiary Name	Relationship
Social Security Number	Date of Birth
	Benefit %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Beneficiary Name	Relationship
Social Security Number	Date of Birth
	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, 120 Long Ridge Road, 3 North, Stamford, CT 06902.</p>	
<p>X</p>	
Signature of Account Holder	Date: (Required) Must be dated to be valid
<p>Custodian Acceptance: EQUITY INSTITUTIONAL</p>	
Trust Office	Date