

BENEFICIARY DESIGNATION

www.stadiafinancial.com | 1-800-587-4796

When to use this form:

To establish or update primary beneficiaries.

To establish or update contingent beneficiaries. 1 Account Owner Information Owner #1 Name Owner #2 Name (if applicable) **Primary Beneficiaries** Name or Name of Trust Mailing Address _____ Email Phone # SSN/Tax ID # Date of Birth ☐ Spouse ☐ Non-Spouse ☐ Trust Other Entity Share % Name or Name of Trust Mailing Address Phone # Email SSN/Tax ID # Date of Birth ☐ Spouse ☐ Non-Spouse ☐ Trust Other Entity Share % Name or Name of Trust Mailing Address Email Phone # SSN/Tax ID # Date of Birth ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Other Entity Share % Name or Name of Trust Mailing Address

For each beneficiary listed, please provide all information.

Share % must total 100%. Only whole numbers please.

> EMAIL & MAILING OPTIONS: admin@stadiafinancial.com 65-1230 Mamalahoa Hwy., Suite D-21 Kamuela, HI 96743

☐ Spouse ☐ Non-Spouse ☐ Trust

Phone #
SSN/Tax ID #

Email

Date of Birth

Other Entity

Share %



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For each beneficiary listed, please provide all information.

Share % must total 100%. Only whole numbers please.

3 Contingent Beneficia	ries		
Name or Name of Trust			
Phone #			
SSN/Tax ID #		Date of Birth	
☐ Spouse ☐ Non-Spouse			Share %
Name or Name of Trust			
Mailing Address			
Phone #	Email		
SSN/Tax ID #		Date of Birth	
☐ Spouse ☐ Non-Spouse	☐ Trust	Other Entity	Share %
Name or Name of Trust			
Mailing Address			
Phone #			
		Date of Birth	
☐ Spouse ☐ Non-Spouse	☐ Trust	Other Entity	Share %
Name or Name of Trust Mailing			
Address			
Phone #	Email		
SSN/Tax ID #		Date of Birth	
☐ Spouse ☐ Non-Spouse		☐ Other Entity	Share %
4 Account Authorization	n		
Account Owner #1 Signature			Today's Date (<i>mm/dd/yyyy)</i>
Account Owner #1 Signature			Today 5 Date (IIIII/dd/yyyy)
Account Owner #2 Signature (if applicable)			Today's Date (<i>mm/dd/yyyy)</i>
EMAIL & MAILING OPTIONS: adm	in@stadiafinancia	al.com	2

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