

**Select the item(s) to update on your existing FTJ FundChoice qualified retirement plan account:**

- Address and Name Change: Section 1 and 5       Automatic Rebalance (for Self-Directed accounts ONLY): Section 1, 3 and 5 or 6  
 Statement Delivery: Section 1, 2 and 5       Beneficiary Change: Section 1, 4, and 5

**1. CLIENT INFORMATION (REQUIRED)**

List All Account Numbers affected by the updates requested above:

Name - Legal documentation (ie. marriage certificate, divorce decree, etc.) is required for name changes

Marital Status:  
 Single       Married

Legal/Physical Address (Cannot be a PO Box)      City      State      Zip Code

Mailing Address if different from above

Home Phone Number      Work Phone Number      E-Mail Address

**2. STATEMENT DELIVERY**

- Electronic – Please send electronic statements to the email address above. The FTJFC Annual Account Maintenance Fee is \$25.  
 Paper – I wish to receive paper statements. The FTJFC Annual Account Maintenance Fee is \$50.

**3. AUTOMATIC REBALANCE (For Self-Directed accounts ONLY – Not available for accounts allocated to a strategist model)**

- Yes, rebalance my account(s) automatically. I understand my account(s) will be rebalanced at the beginning of each calendar quarter on or about the 10<sup>th</sup> of the month, and my account(s) will be rebalanced according to the model allocation on record at that time.  
 Please stop the Automatic Rebalance previously established on my account(s).

**4. BENEFICIARY INFORMATION** I hereby designate the following person(s) as primary and secondary beneficiaries under the account named above, payable by reason of my death. If a Trust is listed as beneficiary then a copy of the trust document must be provided. Only whole % are accepted.

Primary or Secondary	Full Name	%	Relationship	Social Security Number	Date of Birth

**Spousal Consent (if required):**

For account owners who are married, reside in a community property or marital property state, and designate a primary beneficiary other than his/her spouse, spousal consent is required. Owners and spouses should consult with a tax or legal advisor about any state and tax law implications.

By signing below, I certify that I am the spouse of the account owner, and I consent to the designated beneficiaries other than or in addition to myself. Further, I assume full responsibility for any adverse consequences that may result and no tax or legal advice was given to me by the Custodian or FTJ FundChoice. I also acknowledge that I shall have no legal claim whatsoever against the Custodian or FTJ FundChoice for any payment to my spouse's named beneficiary (ies).

\_\_\_\_\_  
Spouse's Signature (Required)      Date

**NOTARY PUBLIC (Required with spousal consent)**

Notary Public:

[SEAL]

County of: \_\_\_\_\_ State of: \_\_\_\_\_ Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**5. Client Signature:** (Required for updates to name, address, email, electronic statement delivery, and beneficiary info)

\_\_\_\_\_  
Client Signature (if name change, both old and new name must be signed)

\_\_\_\_\_  
Date

**6. Advisor Signature:** (Acceptable when completing section 3 only)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date