

BENEFICIARY CHANGE FORM

Highland Capital Management

Please Print or Type

Forward To: First Trust Retirement, c/o DST Systems, Inc.

Regular Mail PO Box 219630 <u>Overnight Delivery</u> Mail Stop: NexPoint Advisors

Kansas City, MO 64121-9630 855-387-3847

Date

430 West 7th Street Kansas City, MO 64105-1407

olop .	I: NAIVIE & ADDRESS					
IRA Owner Name		Fund Number		Account Number		
Phone Number		Social Security Number		Date of Birth		
Address		City / State / Zip		Email		
Step	2: DESIGNATION OF BENEFICIARIES					
be de deem secon	ollowing individual(s) or entity(ies) shall be my primary and emed to be a primary beneficiary. If more than one prima ed to own equal share percentages. Multiple secondary b dary beneficiary dies before I do, his/her interest and the i iciary(ies) shall be increased on a pro rata basis. If no prin	ry beneficiary is de eneficiaries with no interest of his/her h	signated and no distribution pe o share percentage indicated wheirs shall terminate completely	rcentages are indicated, the fill also be deemed to share and the percentage share	e beneficiaries w equally. If any pi of any remaining	ill be rimary or
No.	Beneficiary's Name If a Minor, Custodian's Full Name (non-IRA holder) and Relationship to the Minor Information	Date of Birth*	Social Security Number	Relationship (i.e., Spouse, Non-Spouse, Trust, Estate, etc.)	Primary or Secondary	Share %**
					☐ Primary	
1					Secondary	
2					☐ Primary	
2					Secondary	
2					☐ Primary	
3					☐ Secondary	
4					☐ Primary	
4					Secondary	
5					☐ Primary	
,					Secondary	
6					☐ Primary	
					Secondary	
*Date	of birth is required for a Spousal beneficiary.					
**Primary and Secondary beneficiary designations must each total 100%. Step 3: SPOUSAL CONSENT						
•						
Current Marital Status						
 I Am Not Married − I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiary form. I Am Married and my Spouse is my primary beneficiary 						
I Am Married and my Spouse is NOT my primary beneficiary – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below if I reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin).						
	ent of Spouse: I am the spouse of the above–named IRA O cial obligations. Due to the important tax consequences o		•			perty and
	by give the IRA Owner any interest I have in the funds or sponsibility for any adverse consequences that may result			, , ,	indicated above.	I assume
(Signa	nture of Spouse)	(Date)				
Step	: SIGNATURES REQUIRED					

IRA Owner Signature