

BENEFICIARY CHANGE FORM

Monogram Residential Trust, Inc.

Please Print or Type

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

Regular MailOvernight DeliveryPO Box 219722Mail Stop: Monogram

Kansas City, MO 64121- 9722 855-387-3847 430 West 7th Street Ste 219722 Kansas City, MO 64105-1407

step	1: NAME & 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 deen seco	ollowing individual(s) or entity(ies) shall be my primary ar emed to be a primary beneficiary. If more than one prim ned to own equal share percentages. Multiple secondary in adary beneficiary dies before I do, his/her interest and the ficiary(ies) shall be increased on a pro rata basis. If no pri	ary beneficiary is des beneficiaries with no interest of his/her h	signated and no distribution pe share percentage indicated w eirs shall terminate completely	rcentages are indicated, th ill also be deemed to share and the percentage share	e beneficiaries w equally. If any p of any remaining	ill be rimary or I
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 %**
1					☐ Primary	
1					Secondary	
_					☐ Primary	
2					Secondary	
2					☐ Primary	
3					Secondary	
					☐ Primary	
4					Secondary	
-					☐ Primary	
5					Secondary	
6					☐ Primary	
O					Secondary	
*Dat	e of birth is required for a Spousal beneficiary.					
	mary and Secondary beneficiary designations must each t	total 100%.				
Step	3: SPOUSAL CONSENT					
Curre	I Am Not Married – I understand that if I become n I Am Married and my Spouse is my primary benefi I Am Married and my Spouse is NOT my primary I spouse must sign below if I reside in a community Rico, Texas, Washington or Wisconsin).	ciary peneficiary – I unde	rstand that if I choose to desig	nate a primary beneficiary	other than my s	
finan	ent of Spouse: I am the spouse of the above—named IRA of cial obligations. Due to the important tax consequences of the give the IRA Owner any interest I have in the funds of	of giving up my inter	est in this IRA, I have been adv	rised to see a tax profession	nal.	
	esponsibility for any adverse consequences that may resu				maicated above.	i assuille
(Sign	ature of Spouse)	(Date)				
Step	4: SIGNATURES REQUIRED					
	IRA Owne	er Signature	Date	<u> </u>		