

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 10th 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