

Select the item(s) to update on your existing Orion Portfolio Solutions qualified retirement plan account:

- Address and Name Change: Section 1 and 5
 Automatic Rebalance (for Self-Directed accounts ONLY): Section 1, 3, 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(s) - 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)

City

State

Zip Code

Home Phone Number

Work Phone Number

E-Mail Address

2. STATEMENT DELIVERY

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

4. BENEFICIARY INFORMATION (CONTINUED)**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 Orion Portfolio Solutions. I also acknowledge that I shall have no legal claim whatsoever against the Custodian or Orion Portfolio Solutions for any payment to my spouse's named beneficiary(ies).

Spouse's Signature (Required)_____
Date_____
Signature of Witness for Spouse_____
Date

In the event of my death, pay any interest I have in the above account(s) to the designated primary beneficiary(ies) that survive(s) me in the proportions specified in this Section. If any primary beneficiary predeceases me, his/her share will be divided among the remaining primary beneficiaries who survive me in the relative proportions assigned to each surviving primary beneficiary. If no primary beneficiary survives me, pay the contingent beneficiary(ies), if any, in the proportions specified in this Section. If a contingent beneficiary predeceases me, his/her share will be divided among the remaining contingent beneficiaries who survive me in the relative proportions assigned to each surviving contingent beneficiary.

I understand that if I do not designate beneficiaries, or if no primary or contingent beneficiary survives me, any amount remaining in the above account(s) will be distributed to my estate (unless otherwise required by the laws of the state of my residence). I also understand and agree that: (i) this designation revokes any prior designations of primary and contingent beneficiaries, and (ii) I may change the beneficiaries designated above at any time by completing a new Qualified Plan Account Service Form. All subsequent changes will be effective when proper documentation is received and accepted by Orion Portfolio Solutions.

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