

**FIRSTHAND FUNDS**  
**403(b) CUSTODIAL ACCOUNT BENEFICIARY DESIGNATION CHANGE FORM**

Complete this form to change your current Primary or Contingent Designated Beneficiary(ies). The share percentage must equal 100% for all Primary Beneficiaries and 100% for all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary.

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Daytime Telephone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Spousal Provisions for Same Sex Couples** - In accordance with federal regulations, where an individual is lawfully married to another individual, regardless of sex, both individuals shall be treated as a "spouse" for federal tax purposes. Individuals in a civil union or domestic partnership will not be treated as spouses for federal tax purposes.

**Per Stirpes Beneficiary Designations** - The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

**PARTICIPANT'S DESIGNATION**

I hereby revoke any previous beneficiary designation.

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my custodial account. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my custodial account.

Primary  Contingent

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share Percentage: \_\_\_\_\_ %

Address: \_\_\_\_\_ Daytime Telephone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary  Contingent

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share Percentage: \_\_\_\_\_ %

Address: \_\_\_\_\_ Daytime Telephone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary  Contingent

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share Percentage: \_\_\_\_\_ %

Address: \_\_\_\_\_ Daytime Telephone:( \_\_\_\_\_ )

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary  Contingent

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share Percentage: \_\_\_\_\_ %

Address: \_\_\_\_\_ Daytime Telephone:( \_\_\_\_\_ )

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check here if you have attached a separate sheet with additional beneficiary designations. Include the date and your signature.

**Spousal Consent – Custodian Disclaimer:** The Participant's spouse may have a property interest in the account, and may also have a right to dispose of that property interest by will. Therefore, the Custodian, together with any sponsors, issuers, depositories or other persons or entities associated with the investments in the account, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation in this Beneficiary Designation Change Form, or any warranty as to the ownership of the account after the death of the Participant or the Participant's spouse. For additional information, a qualified tax or legal professional should be consulted.

By signing below I acknowledge that I understand that, if I am subject to community property or marital property state requirements, my spouse may be required to consent to any beneficiary I designate who is not my spouse, or who is in addition to my spouse. I also understand that any beneficiary designation I make, other than my spouse, or in addition to my spouse, may not be effective without my spouse's consent. I certify, under penalty of perjury, if I am married, and have not named my spouse as my sole Primary Beneficiary, I have consulted a qualified tax or legal professional about the need to document spousal consent, and about the consequences of not obtaining my spouse's consent.

**PARTICIPANT'S SIGNATURE**

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail to the following:**

**First Class Mail:**

Firsthand Funds  
P.O. Box 9836  
Providence, RI 02940

**Overnight Mail:**

Firsthand Funds  
4400 Computer Drive  
Westborough, MA 01581

**Customer Service:**

1-888-884-2675

Note: If you are an active participant in an Employer's 403(b) plan, you should provide your employer with a copy of your beneficiary election.