

| Settlement Trust Group

Survivor Beneficiary Designation Form

Account Information

Trust Name:	Trust Account Number:
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Primary Survivor Beneficiary

At my death, any remaining trust property shall be paid in EQUAL SHARES, unless otherwise specified, to the following primary beneficiary(ies) who survive me.

Beneficiary Name:	SSN:	DOB:
Address:	Relationship:	
Beneficiary Name:	SSN:	DOB:
Address:	Relationship:	
Beneficiary Name:	SSN:	DOB:
Address:	Relationship:	

Secondary Survivor Beneficiary

In the event the primary beneficiaries die before me, any trust property shall be paid in equal shares, unless otherwise specified, to the following secondary beneficiary(ies) who survive me, if any.

Beneficiary Name:	SSN:	DOB:
Address:	Relationship:	
Beneficiary Name:	SSN:	DOB:
Address:	Relationship:	
Beneficiary Name:	SSN:	DOB:
Address:	Relationship:	

Authorization Signature

I request that the survivor beneficiary(ies) designation for my trust account be changed as indicated above. This authorization supersedes all prior survivor beneficiary designations.

Signature:	Date:
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Settlement Trust Group
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Effingham, IL 62401