



Beneficiary Designation Form

Part I: Add/Change Beneficiary Designation

Date: _____ Branch: _____

To: Citibank, N.A. Customer Service Center

The undersigned is (are) the owner(s) of: _____
List all account numbers **on which** you want to add/change beneficiary(ies)

Entitled _____
Name(s) of Account Holder(s)

Name(s) of current beneficiary(ies)

(if applicable) in trust for _____

Effective this date:

I/(We) revoke, if applicable, the existing beneficiary(ies) designation(s) listed above.

I/(We) direct you to change the title of the above listed accounts to the following:

Name(s) of Account Holder(s) must not change

In Trust For:

1. _____
Name of new beneficiary

Citizenship _____ Date of Birth: mm/dd/yyyy _____ Relation to Primary Account Holder _____

Permanent Address _____

2. _____
Name of new beneficiary

Citizenship _____ Date of Birth: mm/dd/yyyy _____ Relation to Primary Account Holder _____

Permanent Address _____

I/We authorize Citigold International or International Personal Banking to accept oral, telephonic, electronic, telex or telefax instructions, as described in the Citibank *Client Manual*, as acceptable forms of communications, to include the above named beneficiary (ies) on any subsequent deposit accounts (available only for certain deposit accounts) that are opened as a result of a complete or partial transfer from the above listed accounts or any accounts opened thereafter from those subsequent accounts that was/were held under the same account title as above, with the same effect as if I/we had/have signed them.

I/We agree to follow such security procedures as Citigold International or International Personal Banking may require and provide my/our signature(s), if requested. Citigold International or International Personal Banking may refuse to accept such instructions or may require updated information.

I/We acknowledge that my/our authorization above may have an effect on the amount of insurance offered by the Federal Deposit Insurance Corporation (FDIC) that I/we may be eligible for if the accounts were held under different account titles. For more information please review the FDIC section of the Client Manual or visit www.FDIC.org.*

* Please note that the listed website is provided for informational purposes only and Citigold International or International Personal Banking is not responsible for the information contained therein.

Signature Primary Account Holder

Date: mm/dd/yyyy

Signature Co-Account Holder (B)

Date: mm/dd/yyyy

Signature Co-Account Holder (A)

Date: mm/dd/yyyy

Signature Co-Account Holder (C)

Date: mm/dd/yyyy

Authentication of Signature

This form can be acknowledged one of three ways; either before (1) a U.S. Notary or, (2) if signed outside of the U.S., by a U.S. consul or Vice-Consul or any official authorized to take acknowledgments and then submitted to a Consul or Vice-Consul for validation or (3) be signed and verified before a Citibank Employee.

Signature Validation Performed by:

a U.S. Notary (if signed in the United States or Puerto Rico)

SS:

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____ before me, _____ personally appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the "ADD/Changed Beneficiary Request Form" and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

Notary Signature

Date: mm/dd/yyyy

Customer Identification Produced

a U.S. Consul or U.S. Vice-Consul (if signed outside the United States it must be acknowledged before a U.S. Consul or Vice-Consul or before any official authorized to take acknowledgments, and then submitted to a Consul or Vice-Consul for validation)

U.S. Consul or U.S. Vice-Consul Signature

Date: mm/dd/yyyy

Customer Identification Produced

a Bank Employee:

On this ____ day of _____, 20____ before me, _____ personally appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the "ADD/Changed Beneficiary Request Form" and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

Name of Bank Employee (print)

Signature of Bank Employee

Date: mm/dd/yyyy

Customer Identification Produced

Part 2

For Internal Use Only

Verified and approved :

Operations Officer's Signature, Stamp and Date

INSTRUCTIONS:

1. **All Accounts listed above MUST have the same title.**
2. All Account Holders **MUST** sign. Beneficiary(ies) do(es) not sign.
3. This form **MAY NOT** be used to add/delete/change the name of any account holder.

Form must be carbon copied or printed in duplicate (customer must be given a signed copy)

