

Sample QRP Beneficiary Designation Language

(For use on your plan administrator's designation form)

I designate that upon my death (or the death of my spouse), \$_____ (or _____ percent) of my Qualified Retirement Plan (QRP) account be distributed to the Spokane Guilds' School & Neuromuscular Center as a non-restrictive gift.

Additional information for designation form:

Tax Identification Number for the Spokane Guilds' School & Neuromuscular Center: 93-0863163

Mailing Address:

Spokane Guilds' School & Neuromuscular Center
Development Office, Gift Planning
2118 West Garland Avenue
Spokane, WA 99205

Phone: 509-326-1651

As with any decision involving your assets, we urge you to seek the advice of your professional counsel when considering a gift to Spokane Guilds' School & Neuromuscular Center.