

IRA Beneficiary Designation

Custodian/Trustee Information

Name _____
Address _____
City _____ State _____ Zip _____
Attn: _____ Phone _____

Accountholder Information

Name _____ Home Address _____
City _____ State _____ Zip _____
Phone: Home _____ Work _____

SSN _____
IRA Plan No. _____
County _____
Date of Birth _____

Designation of Beneficiary

Pursuant to my IRA plan agreement I name the following person(s) as my primary beneficiary or contingent beneficiaries of the IRA referenced above. These designations:

- Represent a revocation of all prior designations regarding these IRA funds.
- Are an addition to existing beneficiaries listed on the beneficiary designation completed on _____ (insert date).

If neither box 1 or box 2 is checked, the terms of box 1 shall apply.

I reserve the right to revoke any designation by making another written designation. In the event of my death I hereby direct that any balance in my IRA shall be paid to the following designated beneficiary or beneficiaries. A contingent beneficiary is entitled to receive or inherit a portion or all of the IRA funds only if there is no person or entity qualifying as a primary beneficiary. If any primary or contingent beneficiary dies before me, then I wish to have the following result:

- The interest of that deceased beneficiary and his or her heirs shall terminate totally and the percentage share of any surviving beneficiary(ies) shall increase on a pro rata basis; or
- The interest of that deceased beneficiary shall be paid to his or her heirs (or issue) who are alive or who have living issue, such issue will take by right of representation the share the deceased beneficiary would have taken if living and persons of the same class shall share equally.

If neither box 1 or box 2 is checked, the terms of box 1 shall apply.

<input type="radio"/> Primary <input type="radio"/> Contingent	Name _____	Share % _____	Relationship _____
	Address _____	Date of Birth _____	
	City _____ State _____ Zip _____	SSN _____	

<input type="radio"/> Primary <input type="radio"/> Contingent	Name _____	Share % _____	Relationship _____
	Address _____	Date of Birth _____	
	City _____ State _____ Zip _____	SSN _____	

<input type="radio"/> Primary <input type="radio"/> Contingent	Name _____	Share % _____	Relationship _____
	Address _____	Date of Birth _____	
	City _____ State _____ Zip _____	SSN _____	

<input type="radio"/> Primary <input type="radio"/> Contingent	Name _____	Share % _____	Relationship _____
	Address _____	Date of Birth _____	
	City _____ State _____ Zip _____	SSN _____	

<input type="radio"/> Primary <input type="radio"/> Contingent	Name _____	Share % _____	Relationship _____
	Address _____	Date of Birth _____	
	City _____ State _____ Zip _____	SSN _____	

<input type="radio"/> Primary <input type="radio"/> Contingent	Name _____	Share % _____	Relationship _____
	Address _____	Date of Birth _____	
	City _____ State _____ Zip _____	SSN _____	

Signature

I have named the above person(s) as my primary and contingent beneficiaries. If none of these persons is alive when I die, the beneficiary of my IRA is my estate. My beneficiary may withdraw the funds in any manner permissible under existing federal law at the time of my death. I understand that my right to name a beneficiary(ies) under this IRA is governed by applicable federal and state laws.

Accountholder _____

Date _____

Authorized Signature of Custodian/Trustee _____

Date _____

Special Situation—Spouse's Signature/Consent

If I reside in a state with community or marital property laws and I am married and wish to name a person(s) other than or in addition to my spouse as the beneficiary, then I need to obtain my spouse's consent. Otherwise I do not.

Spouse's Notice, Certification of Consent and Signature

I am the spouse of the IRA depositor. I understand that my spouse wishes to name an IRA beneficiary other than or in addition to myself. I hereby agree or consent to my spouse's designation of beneficiaries. I expressly understand that my signature indicates my consent and that the legal effect of this signature is to change the character of the ownership of the interest I have in such IRA funds. I understand that I may consult with my attorney before deciding whether or not to give such consent.

Spouse's Signature _____

Date _____