

# IRA Beneficiary Designation by an Inheriting Beneficiary

## Custodian/Trustee Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Attn: \_\_\_\_\_ Phone \_\_\_\_\_

## Deceased Accountholder and IRA Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Date of Death \_\_\_\_\_ County \_\_\_\_\_  
SSN \_\_\_\_\_ Plan # \_\_\_\_\_

## Inheriting Beneficiary Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Date of Birth \_\_\_\_\_ County \_\_\_\_\_  
SSN \_\_\_\_\_ Plan # \_\_\_\_\_

## Designation of Beneficiary

Pursuant to the decedent's IRA Plan Agreement and the final 2002 RMD rules allowing a beneficiary to name beneficiaries, I name the following person(s) as my primary beneficiary(ies) and/or contingent beneficiary(ies) of the inherited IRA referenced above. I reserve the right to revoke my designation by making another written designation. In the event of my death I hereby direct that any balance in my inherited IRA shall be paid to the following designated beneficiary or beneficiaries. 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.

**Primary Beneficiary(ies)** — I designate that the following shall be my primary beneficiary or beneficiaries:

Name _____	SSN _____
Address _____	Relationship _____
City/State/Zip _____	Date of Birth _____ Share % _____
Name _____	SSN _____
Address _____	Relationship _____
City/State/Zip _____	Date of Birth _____ Share % _____

**Contingent Beneficiary(ies)** — If none of the primary beneficiaries survive me, I designate that the following shall be my contingent beneficiary or beneficiaries:

Name _____	SSN _____
Address _____	Relationship _____
City/State/Zip _____	Date of Birth _____ Share % _____
Name _____	SSN _____
Address _____	Relationship _____
City/State/Zip _____	Date of Birth _____ Share % _____

## 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.

Inheriting IRA Beneficiary \_\_\_\_\_  
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 may 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 inheriting IRA beneficiary. I understand that my spouse wishes to name a subsequent 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 \_\_\_\_\_

