

Type of IRA

Traditional Roth SEP Simple Account Number _____

IRA Owner Information

Name _____ Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____
Address _____ City _____ State _____ Zip _____
Home Phone ____ - ____ - ____ Daytime Phone ____ - ____ - ____

Primary Beneficiary(ies)

Name and address of Beneficiary

_____ Percent of Benefits _____
Social Security Number ____ - ____ - ____
Birth Date ____ / ____ / ____ Relationship _____

Name and address of Beneficiary

_____ Percent of Benefits _____
Social Security Number ____ - ____ - ____
Birth Date ____ / ____ / ____ Relationship _____

Name and address of Beneficiary

_____ Percent of Benefits _____
Social Security Number ____ - ____ - ____
Birth Date ____ / ____ / ____ Relationship _____

Name and address of Beneficiary

_____ Percent of Benefits _____
Social Security Number ____ - ____ - ____
Birth Date ____ / ____ / ____ Relationship _____

Continued on reverse

Contingent Beneficiary(ies)

Name and address of Beneficiary

Percent of Benefits _____

Social Security Number ____-____-____

Birth Date ____/____/____ Relationship _____

Name and address of Beneficiary

Percent of Benefits _____

Social Security Number ____-____-____

Birth Date ____/____/____ Relationship _____

Name and address of Beneficiary

Percent of Benefits _____

Social Security Number ____-____-____

Birth Date ____/____/____ Relationship _____

Name and address of Beneficiary

Percent of Benefits _____

Social Security Number ____-____-____

Birth Date ____/____/____ Relationship _____

I hereby designate the above as my beneficiary(ies). Unless otherwise requested herein, each payment made pursuant to this designation: (a) shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death; or (b) if no primary beneficiary(ies) shall be living at the time of my death, such payment shall be made in equal shares to the contingent beneficiary(ies) who are then living. I have the right to change this designation at any time.

Spousal consent: (for use in community or marital property states) I agree to my spouse's naming a primary beneficiary other than myself. I transfer (transmute) any community or marital interest I have in this IRA into the separate property of my spouse. I agree to seek the advice of a legal or tax professional, as needed.

Signature of Spouse

Date

I authorize the financial institution named above to make the changes indicated. This beneficiary designation supersedes any and all prior beneficiary designations by the IRA Owner. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility. I will not hold the Trustee/Custodian liable for any adverse consequences that may result.

Signature of IRA Owner

Date

Authorized Signature of Trustee/Custodian

Date