

# IRA BENEFICIARY DESIGNATION CONTINUED

Participant: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## DESIGNATION OF BENEFICIARY(IES)

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis.

Primary	Contingent	Name: _____	SSN: _____	Birth Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____ %
Primary	Contingent	Name: _____	SSN: _____	Birth Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____ %
Primary	Contingent	Name: _____	SSN: _____	Birth Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____ %
Primary	Contingent	Name: _____	SSN: _____	Birth Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____ %
Primary	Contingent	Name: _____	SSN: _____	Birth Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____ %

**If I named a Beneficiary that is a Trust, I understand I must complete (or after my death, the executor of my estate) the Trust Beneficiary Certification Form. The Custodian/Trustee must receive such Trust Beneficiary Certification Form by the October 31<sup>st</sup> following the year of my death, in order for the beneficiary(ies) of the Trust to be considered designated beneficiary(ies) for purposes of determining payment periods.**

## PARTICIPANT'S SIGNATURE

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian or Trustee.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT OF SPOUSE

I consent to the above Beneficiary Designation.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.)

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____, this _____ day of _____, 20 _____.
Commission Expires: _____ (affix seal here)
NOTARY PUBLIC (Type, print or stamp name) _____
Notary ID # or Bar Roll # _____
NOTARY PUBLIC (Signature) _____

Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

## ACCEPTANCE

The Custodian/Trustee acknowledges and accepts receipt of this IRA Beneficiary Designation or Change Form.

Authorized Signature Of Custodian/Trustee: \_\_\_\_\_ Date Accepted: \_\_\_\_\_