

## **BENEFICIARY DESIGNATION**

This beneficiary designation overrides all previous designations for this IRA. The term IRA will be used below to mean Traditional IRA, Roth IRA, and SIMPLE IRA, unless otherwise specified.

PART 1. IRA OWNER		PART 2. IRA TRUSTEE OR CUSTODIAN	
IIMI I. IIVI O WILIA			
Nome (First/MI/Last)			To be completed by the IRA trustee or custodian
Social Security Number Phone			
	Suffix		Organization Number
Account Number	Sullix	Priorie	Organization Number
ACCOUNT TYPE (Select			
Traditional IRA	☐ Roth IRA ☐ SIMPLE IRA		
PART 3. BENEFICIA	RY DESIGNATION		
my estate will be my bene PRIMARY BENEFICIARI	eficiary.	qual 100%. If more than one be	a a pro rata basis. If no beneficiaries are named, neficiary is designated and no percentages are
Name		Name	
Date of Birth	Relationship	Date of Birth	Relationship
Fax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
	Relationship		Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID <i>(SSN/TIN)</i>	Percent Designated
Name		Name	
	Relationship		Relationship
	Percent Designated		Percent Designated
Name		Name	
	Relationship		Relationship
	Percent Designated		

**CONTINGENT BENEFICIARIES on page 2** 

Name of IRA Owner		, Account Number		
are indicated, the beneficio	CIARIES (The total percentage designated must earies will be deemed to own equal share percentag beneficiaries have predeceased the IRA owner.)			
Name		Name		
Address		Address		
	Relationship	Date of Birth	Relationship	
	Percent Designated		Percent Designated	
Name		Name		
Address		Address		
Date of Birth	Relationship	Date of Birth	Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name		Name		
Address		Address		
City/State/ZIP		City/State/ZIP		
Date of Birth	Relationship	Date of Birth	Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name		Name		
		City/State/ZIP		
Date of Birth	Relationship	Date of Birth	Relationship	
	Percent Designated		Percent Designated	
Name		Name		
	Relationship		Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
☐ Check here if addition	al beneficiaries are listed on an attached adden	dum. Total number of adde	ndums attached to this IRA	
PART 4. SPOUSAL C	ONSENT	PART 5. SIGNATUR	ES	
Spousal consent should be considered if either the trust or the residence of the IRA owner is located in a community or marital property state.		I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me		
future, I should review  I Am Married – I und	I understand that if I become married in the value that if I become married in the value requirements for spousal consent.  erstand that if I choose to designate a primary or in addition to my spouse, my spouse should	regarding my beneficiary designations.  I designate the persons or entities named above as my primary and/o contingent beneficiaries of this IRA. I hereby revoke all prior beneficiar designations, if any, made by me.		
received a fair and reaso financial obligations. Becau	ove-named IRA owner. I acknowledge that I have nable disclosure of my spouse's property and use of the important tax consequences of giving I have been advised to see a tax professional.	<b>X</b> Signature of IRA Owner	Date (mm/dd/yyyy)	
I hereby relinquish any interest that I may have in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.		X Signature of Witness	Date (mm/dd/yyyy)	
X				
Signature of Spouse	Date (mm/dd/yyyy)			
X Signature of Witness	Data /som /dd/mmil			
Signature of withess	Date (mm/dd/yyyy)			