



IRA Change of Beneficiary Form

TYPE OF IRA

Traditional Roth SEP Simple Account Number(s) _____

IRA OWNER INFORMATION

NAME		LAST 4 DIGITS OF SSN	DATE OF BIRTH	
ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS		DAYTIME TELEPHONE		

PRIMARY BENEFICIARY(IES)

NAME OF BENEFICIARY		PERCENT OF BENEFITS		
ADDRESS		SOCIAL SECURITY NUMBER		
CITY	STATE	ZIP	BIRTH DATE	RELATIONSHIP

NAME OF BENEFICIARY		PERCENT OF BENEFITS		
ADDRESS		SOCIAL SECURITY NUMBER		
CITY	STATE	ZIP	BIRTH DATE	RELATIONSHIP

NAME OF BENEFICIARY		PERCENT OF BENEFITS		
ADDRESS		SOCIAL SECURITY NUMBER		
CITY	STATE	ZIP	BIRTH DATE	RELATIONSHIP

NAME OF BENEFICIARY		PERCENT OF BENEFITS		
ADDRESS		SOCIAL SECURITY NUMBER		
CITY	STATE	ZIP	BIRTH DATE	RELATIONSHIP

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CONTINGENT BENEFICIARY(IES)

NAME OF BENEFICIARY

PERCENT OF BENEFITS

ADDRESS

SOCIAL SECURITY NUMBER

CITY

STATE

ZIP

BIRTH DATE

RELATIONSHIP

NAME OF BENEFICIARY

PERCENT OF BENEFITS

ADDRESS

SOCIAL SECURITY NUMBER

CITY

STATE

ZIP

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 (IF APPLICABLE)

If you live in a community property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, and you have designated someone other than your spouse as the primary beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective. Your spouse's signature is required to be notarized if completing this section.

I am the spouse of the IRA account holder named above. I agree to my spouse's naming of a primary beneficiary other than or in addition to myself. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I also acknowledge that I shall have no claim whatsoever against the Custodian for any payment to my spouse's named beneficiary(ies).

SPOUSE'S SIGNATURE

DATE

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

In the State of _____, in the County of _____, on _____,

STATE

COUNTY

DATE

the above-named individual(s) personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose names is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

NOTARY SIGNATURE

DATE

(NOTARY SEAL)

NOTARY PRINTED NAME

COMMISSION EXPIRES

SIGNATURE

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