



BENEFICIARY DESIGNATION

Please fill out the information below and return this form to IRA Services at the address shown. If you wish to name more than two primary or two secondary beneficiaries, please attach additional pages and be sure to sign (including spouse, if community property state) and date each page. When we receive this form, we will update your file and mail you a confirmation. ALL PRIOR PRIMARY AND SECONDARY BENEFICIARY DESIGNATIONS WILL BE REPLACED WITH THIS DESIGNATION.

Mail to: IRA Services
 PO Box 7080
 San Carlos, CA 94070-7080
 Telephone: 650-593-2221

A. PARTICIPANT IDENTIFICATION

NAME/LAST	FIRST	MIDDLE	IRA ACCOUNT NUMBER

B. BENEFICIARY AUTHORIZATION

I authorize IRA Services, to replace all prior Beneficiary designations on my account with the following designations:

C. PRIMARY BENEFICIARIES

BENEFICIARY #1	BENEFICIARY NAME	RELATIONSHIP	
	BENEFICIARY ADDRESS	PERCENT SHARE (Primary Beneficiary Percentages must total 100%) <div style="text-align: right;">%</div>	
	BENEFICIARY CITY	STATE	ZIP
	BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY DATE OF BIRTH	BENEFICIARY TELEPHONE NUMBER
BENEFICIARY #2	BENEFICIARY NAME	RELATIONSHIP	
	BENEFICIARY ADDRESS	PERCENT SHARE (Primary Beneficiary Percentages must total 100%) <div style="text-align: right;">%</div>	
	BENEFICIARY CITY	STATE	ZIP
	BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY DATE OF BIRTH	BENEFICIARY TELEPHONE NUMBER

D. SECONDARY BENEFICIARIES (Will be paid only if all the primary beneficiaries pre-decease the account holder)

BENEFICIARY #1	BENEFICIARY NAME	RELATIONSHIP	
	BENEFICIARY ADDRESS	PERCENT SHARE (Secondary Beneficiary Percentages must total 100%) <div style="text-align: right;">%</div>	
	BENEFICIARY CITY	STATE	ZIP
	BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY DATE OF BIRTH	BENEFICIARY TELEPHONE NUMBER
BENEFICIARY #2	BENEFICIARY NAME	RELATIONSHIP	
	BENEFICIARY ADDRESS	PERCENT SHARE (Secondary Beneficiary Percentages must total 100%) <div style="text-align: right;">%</div>	
	BENEFICIARY CITY	STATE	ZIP
	BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY DATE OF BIRTH	BENEFICIARY TELEPHONE NUMBER

E. SIGNATURE

ACCOUNTHOLDER SIGNATURE

DATE

If community or marital property state and spouse is not the primary beneficiary, spouse MUST sign below and agree as follows:

SPOUSE SIGNATURE

DATE

I acknowledge that I am the spouse of the above-named account holder and do hereby give them any interest that I have in the funds or property in the account and consent to the beneficiary designation(s) provided. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian, or its agents or representatives.