

Beneficiary Change Form (IRA/ROTH IRA)

Account Owner's Name: _____

Fund Name: _____

Account number: _____

Daytime Telephone: _____

In the event of my death, pay my IRA/ROTH IRA balance to the following primary beneficiary (ies). If all of the primary beneficiaries die before me, pay my IRA/ROTH IRA balance to the contingent beneficiaries. If any of my beneficiaries die before me, the deceased beneficiary's share will be reallocated among the surviving beneficiaries on a pro rata basis. If none of the beneficiaries survive me, any balance in my IRA/ROTH IRA will be paid to my estate. This designation revokes all previously made designations on this account. If neither the Primary or contingent box is marked, the default will be Primary.

Primary	Contingent	Name	SSN or TIN	Relationship	Date of Birth	Share/%
<input type="checkbox"/>	<input type="checkbox"/>	_____				
<input type="checkbox"/>	<input type="checkbox"/>	_____				
<input type="checkbox"/>	<input type="checkbox"/>	_____				
<input type="checkbox"/>	<input type="checkbox"/>	_____				
<input type="checkbox"/>	<input type="checkbox"/>	_____				
<input type="checkbox"/>	<input type="checkbox"/>	_____				

IRA Owner's Signature
(Required)

Date

Complete only if required by state law.

Spousal Consent:

I am the spouse of the IRA Owner listed above and consent to the beneficiary designation(s) set forth on this form. I hereby transmute (transfer) any property interest I may have in this IRA into the separate property of my spouse.

Spouse's Signature

Date

Witness Signature (if required)

Date