

IRA Trust Beneficiary Designation Form

Account Name: _____ Account Number: _____

*In the event of my death, I designate the following as my Primary and Contingent Beneficiary(ies)
under the terms of my Individual Retirement Account.*



PRIMARY BENEFICIARY(IES):

1. Name: _____ Percent or Dollar Amount: _____

Address: _____ SSN: _____

Relationship: _____ DOB: _____

2. Name: _____ Percent or Dollar Amount: _____

Address: _____ SSN: _____

Relationship: _____ DOB: _____

3. Name: _____ Percent or Dollar Amount: _____

Address: _____ SSN: _____

Relationship: _____ DOB: _____

CONTINGENT BENEFICIARY(IES):

1. Name: _____ Percent or Dollar Amount: _____

Address: _____ SSN: _____

Relationship: _____ DOB: _____

2. Name: _____ Percent or Dollar Amount: _____

Address: _____ SSN: _____

Relationship: _____ DOB: _____

3. Name: _____ Percent or Dollar Amount: _____

Address: _____ SSN: _____

Relationship: _____ DOB: _____

When a non-spouse Beneficiary is named, spouse consent is required to Community Property States, including but not limited to AZ, CA, HI, ID, LA, MI, NV, NM, TX, WA, WI. I hereby agree and consent to the Beneficiary set forth above, and along with my agreement and consent, do hereby transmute to my spouse all my community property interest in the IRA described above that I may have. I acknowledge my right to one-half of all community property in the Account and voluntarily elect to relinquish my rights to the community property interest in the Account.

Date Signature of Participant's Spouse

This beneficiary Form replaces any previous designation with an earlier date.

Date Signature of Individual

Accepted by Custodian/Trustee:

Date Authorized Signature