



IRA CHANGE OF BENEFICIARY: **TRADITIONAL** **ROTH**

Please review all information below and **complete the required shaded fields**, as applicable. If you have any questions regarding the information on this form, please contact our Banking Representatives toll-free at 1-866-226-5638.

IRA Owner Information

Name	Social Security Number	Date of Birth
Address	Home Phone Number	
City / State / Zip	Daytime Phone Number	

Beneficiary Information

<input type="checkbox"/> Primary Beneficiary Name Date of Birth Social Security Number/Tax I.D. Number Relationship Address City/State/Zip Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Name Date of Birth Social Security Number/Tax I.D. Number Relationship Address City/State/Zip Percentage
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Name Date of Birth Social Security Number/Tax I.D. Number Relationship Address City/State/Zip Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Name Date of Birth Social Security Number/Tax I.D. Number Relationship Address City/State/Zip Percentage
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Name Date of Birth Social Security Number/Tax I.D. Number Relationship Address City/State/Zip Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Name Date of Birth Social Security Number/Tax I.D. Number Relationship Address City/State/Zip Percentage

I, the undersigned IRA Owner, hereby designate the above as my beneficiary(ies). If primary or contingent is not indicated, primary will be assumed. 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: (for use in community or marital property states) I agree to my spouse's naming a primary beneficiary other than myself. I transfer (transmute) any community property interest I have in this IRA into the separate property of my spouse. I agree to seek the advice of a legal or tax professional, as needed.

Signature of Spouse

Date

Please initial here if not married: _____

Signatures

I authorize the financial institution named above to make the changes indicated. This beneficiary designation supercedes 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.

X

Date

Authorized Signature of
Trustee/Custodian

Date