

# Designation of Beneficiary for Retirement Plan Account



Retirement Account Owner Name: \_\_\_\_\_

Retirement Account Owner's SSN: \_\_\_\_\_

Fund Family Name: \_\_\_\_\_

Existing retirement account numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Beneficiary Information

In the event of my death, pay my account balance(s) to the following primary beneficiary(ies). If no percentage is indicated, the beneficiaries will share equally. Total must equal 100%.

Beneficiary Full Name	SSN or Taxpayer ID Number	Relationship to Account Owner	Date of Birth	%

## Contingent Beneficiary Information

If all of the primary beneficiaries die before me, pay my account balance(s) to the following contingent beneficiaries. If no percentage is indicated, the contingent beneficiaries will share equally. Total must equal 100%.

Contingent Beneficiary Full Name	SSN or Taxpayer ID Number	Relationship to Account Owner	Date of Birth	%

## Spousal Consent

A spousal consent is required if a beneficiary other than a spouse is named.

I certify that I am the spouse of the individual named above. I approve and consent to the naming of a beneficiary(s) other than myself. I transfer any community property I have in this IRA into the separate property of my spouse.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

Beneficiary designations can result in unintended tax consequences. Consult your tax advisor prior to making such a designation. If other than an individual is named a beneficiary, additional documentation may be required prior to beneficiary distributions. You have the right to change this designation of beneficiary in writing at any time. If designated beneficiary does not survive you, or if the Custodian cannot locate your beneficiary after reasonable search, any balance in this account will be paid to your estate.

## MEDALLION SIGNATURE GUARANTEE OR NOTARY REQUIRED:

\_\_\_\_\_  
Shareholder Signature

\_\_\_\_\_  
Date