

P.O. Box 669802, Dallas, TX 75266-0955

IRA CHANGE OF BENEFICIARY Please review all information below and complete the required fields, as applicable. If you have any questions regarding the information on this form, please contact our IRA Specialists toll-free at 1-866-226-5638. **TRADITIONAL ROTH IRA Owner Information** Social Security Number Date of Birth Name Phone Number Address (Enter your permanent residence address) City State Zip Beneficiary Information* *Percentages need to be whole numbers and total percentage of all beneficiaries must equal 100% **Primary Beneficiary** Percentage _ Name Relationship Date of Birth Social Security /Tax ID number Street Address (P.O. Boxes not accepted) State 7IP Code City Primary Beneficiary
 Contingent Beneficiary Percentage ___ Name Relationship Date of Birth ZIP Code Street Address (P.O. Boxes not accepted) City State Social Security /Tax ID number % □ Primary Beneficiary □ Contingent Beneficiary Percentage _ Name Relationship Date of Birth Street Address (P.O. Boxes not accepted) ZIP Code Social Security /Tax ID number State City ☐ Primary Beneficiary ☐ Contingent Beneficiary Percentage _ Name Relationship Date of Birth Street Address (P.O. Boxes not accepted) City State ZIP Code Social Security /Tax ID number % Primary Beneficiary
Contingent Beneficiary Percentage _ Name Relationship Date of Birth Street Address (P.O. Boxes not accepted) ZIP Code City State Social Security /Tax ID number Primary Beneficiary
 Contingent Beneficiary Percentage _





Date of Birth

Social Security /Tax ID number

Relationship

ZIP Code

Street Address (P.O. Boxes not accepted)

City

State

Name



Signatures

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.

I authorize the financial institution named above to make the changes indicated. This beneficiary designation supersedes 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		X	
Signature of IRA Owner	Date	Authorized Signature of Trustee/Custodian	Date
pousal Consent			
beneficiary other than myself. I tra	ansfer (transmute) any	poerty states) I agree to my spouse's naming a p community property interest I have in this IRA in see of a legal or tax professional, as needed.	
beneficiary other than myself. I tra	ansfer (transmute) any	community property interest I have in this IRA in	