

IRA Designation of Beneficiary

STEP 1. PARTICIPANT INFORMATION

Name			
Social Security or Tax ID Number		Date of Birth	
Street Address			
City		State	Zip/Postal Code
Account Number		Telephone	

Marital Status Single Married Divorced Domestic Partner Widowed

**SPOUSAL CONSENT
MAY BE REQUIRED.
SEE BELOW.**

STEP 2. BENEFICIARY INFORMATION

Designation of Beneficiary

I hereby make the following beneficiary designation(s) below pursuant to the retirement account indicated above.

Change of Beneficiary

I hereby revoke all prior beneficiary designations and designate the following beneficiary(ies) for my account.

The following shall be my Beneficiary or Beneficiaries of this IRA. If I designate more than one primary or contingent Beneficiary, but do not specify the percentages to which such Beneficiary or Beneficiaries are entitled, payment will be made to the surviving Beneficiary or Beneficiaries in equal shares.

**FOR SPECIFIC
BENEFICIARY
PROVISIONS,
PLEASE REFER TO
THE APPLICABLE
SECTIONS OF THE
PLAN DOCUMENT
AND THE DISCLOSURE
STATEMENT.**

Primary Beneficiaries

Primary Beneficiary 1 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number	
Percentage	Relationship	Date of Birth	Telephone	
Address				<input type="checkbox"/> Per Stirpes

**THE TOTAL ALLOCATION
OF ALL PRIMARY
BENEFICIARIES MUST
EQUAL 100%.**

**TO DESIGNATE YOUR
ESTATE AS YOUR
BENEFICIARY, WRITE
IN "ESTATE" IN THE
PRIMARY BENEFICIARY
SECTION. "PER WILL"
DESIGNATIONS ARE
NOT ACCEPTABLE
DESIGNATIONS.**

**PLEASE CONSULT WITH
YOUR LEGAL ADVISOR
BEFORE ELECTING
THE PER STIRPES
DESIGNATION.**

Primary Beneficiary 2 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number	
Percentage	Relationship	Date of Birth	Telephone	
Address				<input type="checkbox"/> Per Stirpes

Primary Beneficiary 3 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number	
Percentage	Relationship	Date of Birth	Telephone	
Address				<input type="checkbox"/> Per Stirpes

Primary Beneficiary 4 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number	
Percentage	Relationship	Date of Birth	Telephone	
Address				<input type="checkbox"/> Per Stirpes



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Primary Beneficiary 5 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth	Telephone
Address			<input type="checkbox"/> Per Stirpes

Primary Beneficiary 6 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth	Telephone
Address			<input type="checkbox"/> Per Stirpes

Primary Beneficiary 7 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth	Telephone
Address			<input type="checkbox"/> Per Stirpes

Primary Beneficiary 8 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth	Telephone
Address			<input type="checkbox"/> Per Stirpes

Primary Beneficiary 9 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth	Telephone
Address			<input type="checkbox"/> Per Stirpes

Primary Beneficiary 10 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiaries

Contingent Beneficiary 1 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 2 Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth	Telephone
Address			<input type="checkbox"/> Per Stirpes

THE TOTAL ALLOCATION OF ALL CONTINGENT BENEFICIARIES MUST EQUAL 100%.

CONTINGENT BENEFICIARIES WILL BE PAID ONLY IF ALL PRIMARY BENEFICIARIES (AND THEIR HEIRS IF PER STIRPES IS SELECTED) DO NOT SURVIVE THE PARTICIPANT.

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Contingent Beneficiary 3 Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth		Telephone
Address				<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 4 Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth		Telephone
Address				<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 5 Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth		Telephone
Address				<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 6 Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth		Telephone
Address				<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 7 Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth		Telephone
Address				<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 8 Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth		Telephone
Address				<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 9 Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth		Telephone
Address				<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 10 Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth		Telephone
Address				<input type="checkbox"/> Per Stirpes

Per Stirpes Information

If your beneficiary designation is per stirpes, you understand that if your beneficiary(ies) dies before you, the beneficiary's share of the IRA will pass to his or her respective heirs. In the field below, please provide the name of the individual responsible for advising Pershing LLC on any questions relating to the per stirpes distribution of the IRA.

Name of Responsible Individual

You understand that the per stirpes instructions given to Pershing LLC by the responsible individual named above shall be binding on all beneficiaries of this IRA and of your estate and may be relied on by Pershing LLC. Pershing LLC shall not be liable for any payment made at the direction of this individual. If you do not name a responsible individual or the individual you named is unwilling or unable to advise Pershing on questions regarding the per stirpes distribution, then you understand that Pershing will rely on instructions from the executor of your estate regarding any per stirpes designation.

STEP 3. CUSTOMIZED BENEFICIARY

Customized beneficiary designation

Important Note for Customized Beneficiary Request:

If you elect to make a beneficiary designation beyond the options available on this form, you may attach a customized beneficiary designation request to this form. Note your request will be subject to prior approval by Pershing LLC before it can take effect and may be subject to a review fee.

The custom form must include your account number(s), social security and signature. In addition, you understand that Pershing LLC is not responsible for interpreting any language provided in your document. Your request must designate a responsible individual to advise Pershing LLC on any questions relating to the distribution of the IRA. You understand that the direction of the responsible individual to Pershing LLC shall be binding on all beneficiaries of this IRA and of your estate and may be relied on by Pershing LLC. Pershing LLC shall not be liable for any payment made at the direction of the responsible individual.

STEP 4. SIGNATURE AND SPOUSAL CONSENT

Participant Signature

Print Name	Date
Signature	
X	

Spousal Consent (required in community property or marital property states)

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary beneficiary, your spouse must sign this form below. In addition, if required in your state, the form must be signed in the presence of a Notary Public. I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important financial and tax consequences of giving up my interest in this IRA, SEP, or SIMPLE IRA, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this IRA, SEP, or SIMPLE IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the custodian.

COMMUNITY OR MARITAL PROPERTY STATES INCLUDE AZ, CA, ID, LA, NV, NM, TX, WA, WI.

Spouse Printed Name	Date
Signature	
X	