

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 | |



IRA Designation of Beneficiary

Account Number

| | | | |
|-----------------------------------|--------------|---|--------------------------------------|
| 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.

IRA Designation of Beneficiary

Account Number

| | | | | |
|--------------------------------------|--------------|---------------|---|--------------------------------------|
| 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 |

