

# IRA Designation of Beneficiary

## STEP 1. PARTICIPANT INFORMATION

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

**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.

Pershing considers the following as a standard beneficiary request:

- Name of an Individual(s)
- Name of Group(s) (e.g. charity)
- Specifically dated Trust (s), subject to proper qualification
- Estate (FYI — Pershing will require a Court Order and instructions from the Executor for the proper distribution of the assets.)

**All other beneficiary requests will be considered a customized beneficiary request, subject to Pershing's acceptance policy. Each custom request must use the Pershing Designation of Customized Beneficiary form or applicability indemnity language. Please speak with your Financial Advisor for more details.**

### Primary Beneficiaries

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

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

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

**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.**

**IF A BENEFICIARY(IES) PREDECEASES YOU AND PER STIRPES WAS NOT ELECTED, PLEASE REFER TO THE PLAN DOCUMENT ON RULES REGARDING DISTRIBUTION OF ASSETS.**

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



**BENE**

# IRA Designation of Beneficiary

Account Number

<b>Primary Beneficiary 3 Name</b>			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

<b>Primary Beneficiary 4 Name</b>			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

<b>Primary Beneficiary 5 Name</b>			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

<b>Primary Beneficiary 6 Name</b>			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

<b>Primary Beneficiary 7 Name</b>			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

<b>Primary Beneficiary 8 Name</b>			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

<b>Primary Beneficiary 9 Name</b>			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

<b>Primary Beneficiary 10 Name</b>			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

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

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

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

