


Retirement Account Beneficiary Designation Form

1 Retirement Account Owner Information



First Name	MI	Last Name	Suffix
Social Security Number / Tax ID	Date of Birth (MM/DD/CCYY)	Daytime Telephone Number ()	
Street Address	City	State	ZIP

Check the appropriate identifier: I am the account owner completing this Beneficiary Designation.
 I am the Beneficiary or successor Beneficiary completing this Beneficiary Designation.

2 Account Information

Account Type (Check one): Traditional IRA SEP IRA SIMPLE IRA Roth IRA 403(b)

Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number

3 Primary 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 Name or Entity	SSN or Tax ID	Relationship to Account Owner	Date of Birth	%
Beneficiary Address	City	State	ZIP Code	Daytime Phone Number
Beneficiary Name or Entity	SSN or Tax ID	Relationship to Account Owner	Date of Birth	%
Beneficiary Address	City	State	ZIP Code	Daytime Phone Number
Beneficiary Name or Entity	SSN or Tax ID	Relationship to Account Owner	Date of Birth	%
Beneficiary Address	City	State	ZIP Code	Daytime Phone Number
Beneficiary Name or Entity	SSN or Tax ID	Relationship to Account Owner	Date of Birth	%
Beneficiary Address	City	State	ZIP Code	Daytime Phone Number

4 Spousal Consent

A spousal consent is required if a primary beneficiary other than a spouse is named for any type of 403(b) or for any type of IRA in the following community property and marital property states: **Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Wisconsin and Washington.** I certify that I am the spouse of the individual named above. I approve and consent to the naming of a beneficiary(ies) other than myself.

	Initial this box if Account Owner is not married
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X _____
Spouse's Signature Date

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5 Contingent Beneficiary Information

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

Beneficiary Name or Entity	SSN or Tax ID	Relationship to Account Owner		Date of Birth	%
Beneficiary Address	City	State	ZIP Code	Daytime Phone Number	
Beneficiary Name or Entity	SSN or Tax ID	Relationship to Account Owner		Date of Birth	%
Beneficiary Address	City	State	ZIP Code	Daytime Phone Number	
Beneficiary Name or Entity	SSN or Tax ID	Relationship to Account Owner		Date of Birth	%
Beneficiary Address	City	State	ZIP Code	Daytime Phone Number	
Beneficiary Name or Entity	SSN or Tax ID	Relationship to Account Owner		Date of Birth	%
Beneficiary Address	City	State	ZIP Code	Daytime Phone Number	

6 Signature

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 the 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.

X _____
Participant/Beneficiary Signature **Date**