

IRA

BENEFICIARY DESIGNATION ADDENDUM

The term IRA will be used below to mean Traditional IRA, Roth IRA, and SIMPLE IRA, unless otherwise specified. This form may only be used to supplement an IRA application or IRA beneficiary designation form to name more beneficiaries than can be accommodated on these forms. Complete additional addendums if necessary.

PART 1. IRA INFORMATION

IRA OWNER

Name (First/MI/Last) _____

Social Security Number _____

Date of Birth _____ Phone _____

Email Address _____

Account Number _____ Suffix _____

ACCOUNT TYPE (Select one)

Traditional IRA Inherited Traditional IRA SIMPLE IRA

Roth IRA Inherited Roth IRA

FORM TYPE AND DATE (Select and attach the supplemented form)

Original IRA Application Beneficiary Designation

Form Dated _____

PART 2. BENEFICIARY DESIGNATION

I designate the beneficiaries named below, in addition to the beneficiaries named on the attached form, as beneficiaries of this IRA.

PRIMARY BENEFICIARIES (The total percentage designated for all primary beneficiaries for this IRA must equal 100%.)

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

CONTINGENT BENEFICIARIES (The total percentage designated for all contingent beneficiaries for this IRA must equal 100%.)

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

PART 3. SIGNATURES

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me regarding my beneficiary designations. In addition, any applicable spousal consent is provided on the attached form.

X _____
Signature of IRA Owner

Date (mm/dd/yyyy)

X _____
Signature of Witness

Date (mm/dd/yyyy)

IRA TRUSTEE OR CUSTODIAN INFORMATION: Name _____, Organization Number _____