

Beneficiary Designation

1. ACCOUNT OWNER INFORMATION

Full Name (as it appears on your account application)	Account Number	Account Type
		<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> HSA <input type="checkbox"/> ESA
Email Address	Daytime Phone Number	
Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married (please see spousal consent in section 4) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

2. DESIGNATION OF BENEFICIARIES

I designate the following person(s) named below as my Primary and/or Contingent Beneficiaries of my plan. If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in the equal shares (or in the specified shares, as indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate

If I named a Trust as a Beneficiary, I understand I must supply a copy or abstract of the Trust.

Beneficiary 1	Name	Social Security	DOB	Relationship
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other:
Mailing Address	City	State	Zip	Share Percentage
				%
Beneficiary 2	Name	Social Security	DOB	Relationship
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other:
Mailing Address	City	State	Zip	Share Percentage
				%
Beneficiary 3	Name	Social Security	DOB	Relationship
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other:
Mailing Address	City	State	Zip	Share Percentage
				%

3. ACCOUNT OWNER SIGNATURE AND ACKNOWLEDGEMENT

I understand that I may change or add beneficiaries at any time by completing and submitting this form. I acknowledge that any Beneficiary Designation Form currently on file will be superseded by this form.

Signature	Date
→	



IRA RESOURCES, INC.

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4. SPOUSAL CONSENT

The consent of spouse must be signed only if the following conditions are present:

- A. Your spouse is not the sole primary beneficiary named and;
B. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA, or WI)

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary Form and I understand that I have a legal interest in the account. I hereby acknowledge and consent to the above Designation of Beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, _____, hereby consent to the above Beneficiary Designation.

IRA Owner Spouse Name

Table with 2 columns: Spouse Signature, Date. Spouse Signature cell contains a green arrow icon.

Submission Options

Table with 3 columns: FAX, EMAIL, MAIL. FAX: (858) 459-6565; EMAIL: forms@iraresources.com; MAIL: IRA Resources, 1000 Broadway, Suite 350, Oakland, CA 94607