QUESTIONS? 888 322 6534 **SUBMIT FORM:** forms@iraresources.com

com 858 459 6565 fax

Beneficiary Designation

1. ACCOUNT OWNER INFORMATION

Full Name (as it	appears on your account application)	Account Number	er .	Acco	ount Type			
				□ Tra	aditional 🗆 I	Roth □ SEP	□ SIMPLE □ HSA	□ ESA
Email Address				Dayt	time Phone	Number		
Marital Status								
□ Single □	Married (please see spousal consent	in section 4) □ Widow	ed 🗆 Div	orceo	d			
2. DESIGNA	ATION OF BENEFICIARIES							
checked for a be to the Primary B the balance in th Primary or Conti and the share fo	ollowing person(s) named below as in eneficiary, the beneficiary will be dee eneficiaries who survive me in the ender are account shall be paid to the Conting in gent Beneficiary does not survive row ar any remaining Primary or Conting maining balance in the account shall	med to be a Primary Bene qual shares (or in the spe ngent Beneficiaries who s ne, such beneficiary's inte ent Beneficiary shall be in	eficiary. In the cified shares, curvive me in e erest and the i creased on a p	e ever as inc equal intere pro ra	nt of my death dicated). If no I shares (or in est of such be ata basis. If n	h, the balance one of the Prir the specified oneficiary's hei o Primary or (e in the account shal mary Beneficiaries so shares, as indicated irs shall terminate co	ll be paid urvive me, d). If any ompletely,
If I named a Tru	ıst as a Beneficiary, I understand I	must supply a copy or a	abstract of th	ne Tr	ust.			
Beneficiary 1	Name	Social Security		DC	OB	Relationshi	р	
□ Primary						□ Spouse	□ Non-Spouse	☐ Trust
☐ Contingent						□ Other:		
Mailing Addres	S	City	State	Zip	р	Share Perce	entage	
							%	
Beneficiary 2	Name	Social Security		DC	ОВ	Relationshi	р	
□ Primary						□ Spouse	□ Non-Spouse	☐ Trust
☐ Contingent						□ Other:		
Mailing Addres	is s	City	State	Zip	р	Share Perce	entage	
							%	
Beneficiary 3	Name	Social Security		DC	ОВ	Relationshi	р	
☐ Primary						□ Spouse	□ Non-Spouse	☐ Trust
☐ Contingent						□ Other:		
Mailing Addres	is S	City	State	Zip	р	Share Perc	entage	
							%	
3. ACCOUN	IT OWNER SIGNATURE AN	ID ACKNOWLEDG	EMENT					
	nat I may change or add benefici on Form currently on file will be			d su	bmitting thi	s form. I ack	nowledge that an	y Benefi-
Signature					Date			
→								
-								

IRAR PROCESSING CENTER 100 PRINGLE AVE, SUITE 650 WALNUT CREEK, CA 94596 PHONE: 888-322-6534 FAX: 858-459-6565

EMAIL: FORMS@IRARESOURCES.COM

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Beneficiary Designation

, hereby consent to the above Beneficiary Designation.

4. SPOUSAL CONSENT

			1 1 10 1	C 11 ·	10.0	
The	consent of spouse	must be signe	ed only if th	e 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.

IRA Owner Spouse Name	
Spouse Signature	Date
→	

Submission Options				
FAX	EMAIL	MAIL		
(858) 459-6565	forms@iraresources.com	IRA Resources, Inc. 100 Pringle Ave, Suite 650 Walnut Creek, CA 94596		

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