

IRA Designation of Beneficiary

STEP 1. PARTICIPANT INFORMATION

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

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 <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	

Primary 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	

**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.**



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Account Number

Primary 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

Primary 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

Primary 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

Primary 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

Primary 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

Primary 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

Primary Beneficiary 9 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

Primary Beneficiary 10 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

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Account Number

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.

