

# Change of Name, Address or Beneficiary to IRA Account

## Accountholder Information

Name \_\_\_\_\_  
SSN \_\_\_\_\_ Plan No. \_\_\_\_\_

## Custodian/Trustee Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please change your records to reflect the changes I have made below.**

\_\_\_\_\_ **Change of Address** - Please change my address to:  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Accountholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Change of Name** - Please change my name to:  
New Name \_\_\_\_\_  
Former Name \_\_\_\_\_  
Accountholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Custodian/Trustee's Use

Changes made on \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_ **Change of Beneficiary(ies)** - Pursuant to my IRA plan agreement I name the following person(s) as my primary or contingent beneficiary(ies) of the IRA referenced above. I revoke all prior designations regarding these IRA funds. I reserve the right to revoke any designation by making another written designation. In the event of my death I hereby direct that any balance in my IRA shall be paid to the following designated beneficiary or beneficiaries. If any primary or contingent beneficiary dies before me, then I wish to have the following result:

**If neither #1 nor #2 is checked, the terms of #1 shall apply.**

1. \_\_\_\_\_ the interest of that deceased beneficiary and his or her heirs shall terminate totally and the percentage share of any surviving beneficiary(ies) shall increase on a pro rata basis; or
2. \_\_\_\_\_ the interest of that deceased beneficiary shall be paid to his or her heirs (or issue) who are alive or who have living issue; such issue will take by right of representation the share the deceased beneficiary would have taken if living and persons of the same class shall share equally.

**Primary Beneficiary(ies)** - I designate that the following should be my primary beneficiary(ies):

Name	SSN	
Address	Relationship	
City/State/Zip	Date of Birth	Share %
Name	SSN	
Address	Relationship	
City/State/Zip	Date of Birth	Share %
Name	SSN	
Address	Relationship	
City/State/Zip	Date of Birth	Share %

**Contingent Beneficiary(ies)** - If none of the primary beneficiaries survive me, I designate that the following shall be my contingent beneficiary(ies):

Name	SSN	
Address	Relationship	
City/State/Zip	Date of Birth	Share %
Name	SSN	
Address	Relationship	
City/State/Zip	Date of Birth	Share %

Accountholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Special Situation - Spouse's Signature/Consent**

If I reside in a state with community or marital property laws and I am married and wish to name a person(s) other than or in addition to my spouse as the beneficiary, then I need to obtain my spouse's consent. Otherwise I do not.

### **Spouse's Notice, Certification of Consent and Signature**

I am the spouse of the IRA depositor. I understand that my spouse wishes to name an IRA beneficiary other than or in addition to myself. I hereby agree or consent to my spouse's designation of beneficiaries. I expressly understand that my signature indicates my consent and that the legal effect of this signature is to change the character of the ownership of the interest I have in such IRA funds. I understand that I may consult with my attorney before deciding whether or not to give such consent.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_