



BENEFICIARY DESIGNATION

If you wish to name more than two primary or two secondary beneficiaries, please use additional forms and be sure to sign (including spouse, if community property state) and date each page. When received, we will update your file and mail you a confirmation.

IF THIS IS A CHANGE TO A PRIOR DESIGNATION, ALL PRIOR PRIMARY AND SECONDARY BENEFICIARY DESIGNATIONS WILL BE REPLACED WITH THIS DESIGNATION.

Return by Mail: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104 | Fax: 605-415-4296 | E-mail: info@IRAFinancialTrust.com
For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.com

A. IRA OWNER IDENTIFICATION

FULL NAME	PHONE NO.	ACCOUNT NUMBER
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B. BENEFICIARY AUTHORIZATION

I authorize IRA Financial Trust Company to replace all prior Beneficiary designations on my account with the following designations:

C. PRIMARY BENEFICIARIES Please attach additional pages of this form if necessary

1ST Primary Beneficiary:

BENEFICIARY NAME	RELATIONSHIP	
BENEFICIARY ADDRESS	PERCENT SHARE (PRIMARY BENEFICIARIES MUST TOTAL 100%) %	
BENEFICIARY CITY	BENEFICIARY STATE	BENEFICIARY ZIP
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

2ND Primary Beneficiary:

BENEFICIARY NAME	RELATIONSHIP	
BENEFICIARY ADDRESS	PERCENT SHARE (PRIMARY BENEFICIARIES MUST TOTAL 100%) %	
BENEFICIARY CITY	BENEFICIARY STATE	BENEFICIARY ZIP
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

D. SECONDARY BENEFICIARIES Will be paid only if all the primary beneficiaries pre-decease the account holder

1ST Secondary Beneficiary:

BENEFICIARY NAME	RELATIONSHIP	
BENEFICIARY ADDRESS	PERCENT SHARE (SECONDARY BENEFICIARIES MUST TOTAL 100%) %	
BENEFICIARY CITY	BENEFICIARY STATE	BENEFICIARY ZIP
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

2ND Secondary Beneficiary:

BENEFICIARY NAME	RELATIONSHIP	
BENEFICIARY ADDRESS	PERCENT SHARE (SECONDARY BENEFICIARIES MUST TOTAL 100%) %	
BENEFICIARY CITY	BENEFICIARY STATE	BENEFICIARY ZIP
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

E. SIGNATURE

IRA Owner Signature: _____ Date: ____/____/____

If community or marital property state and spouse is not the primary beneficiary, spouse MUST sign below and agree as follows:

I acknowledge that I am the spouse of the above-named account holder and do hereby give them any interest that I have in the funds or property in this account and consent to the beneficiary designation(s) provided. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian, or its agents or representatives.

Spouse Signature: _____ Date: ____/____/____