

# IRA Beneficiary Designation Form

Use this form to add or change beneficiary designations for an existing IRA if you are not able to make the changes on our website.

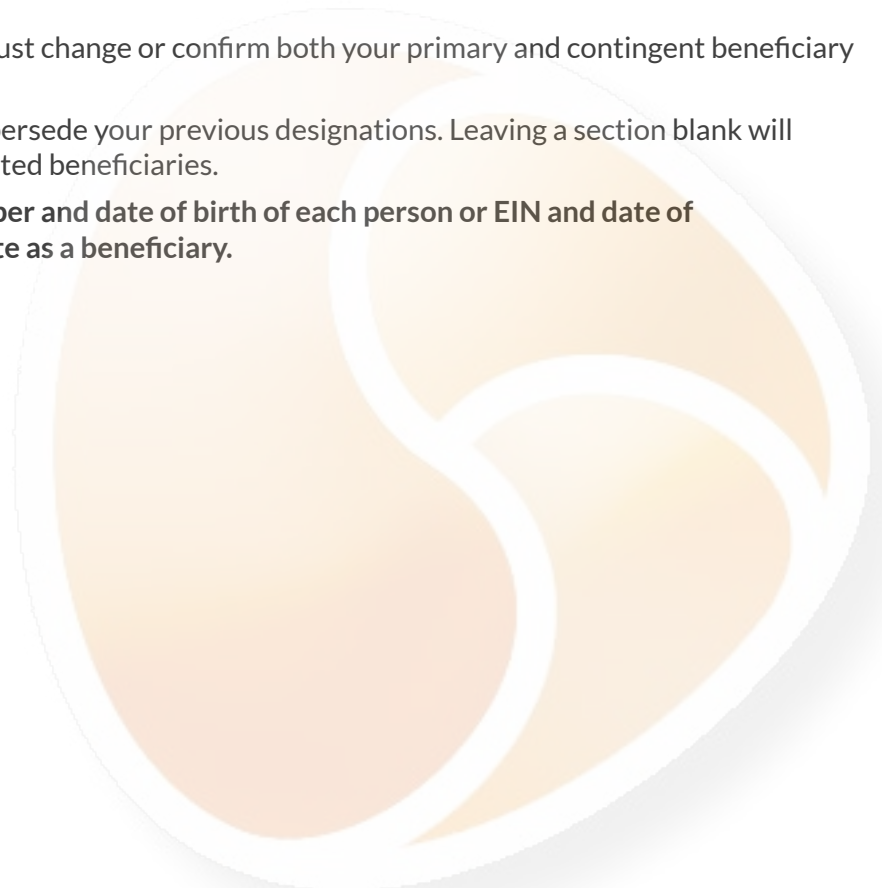
## Instructions

1. Complete this form for each IRA account on which you would like to add or change the beneficiary designations.
2. Send your advisor the completed and signed form for them to retain and to enter the designations on your behalf into the Folio Institutional system.

## Important Notes

- When making a beneficiary change, you must change or confirm both your primary and contingent beneficiary designations.
- Your new beneficiary designations will supersede your previous designations. Leaving a section blank will result in the removal of previously designated beneficiaries.
- **You must include the social security number and date of birth of each person or EIN and date of establishment of each entity you designate as a beneficiary.**

If you need assistance, contact your advisor.



## PART 1: IRA Account Owner Information

<b>Account Owner Information</b>	First Name	Middle Initial	Last Name
	Account Number		Social Security Number - -

Check this box if you are currently receiving required minimum distributions from your IRA.

## PART 2: Designation of Primary Beneficiaries

I hereby designate the following beneficiaries as primary beneficiaries to receive payment of the value of my IRA, following my death. If the primary beneficiary is my estate, I will indicate Estate in the primary beneficiary section.

I hereby designate the benefit percentages to each beneficiary listed below, which total to 100%. If more than one beneficiary is named and for any reason percentages are not indicated, payment shall be made in equal shares to the primary beneficiaries who survive me. If a percentage is indicated for a primary beneficiary that does not survive me, that beneficiary's designated share shall be divided equally among the surviving primary beneficiaries. If for any reason the percentages do not add up to 100% at the time of my death, payment shall be made to the primary beneficiaries who survive me in proportion to the designations made. Payment to primary beneficiaries will be made according to the applicable rules of succession and the IRA Custodial Agreement.

If you need more space to add beneficiaries, write the required information on the back of the form. Share Percentages must be in whole numbers only and must total 100%.

<b>Beneficiary Information 1</b>	Name	Date of Birth (mm/dd/yyyy) / /	Relationship to Account Owner(s) Spouse Non-Spouse Individual Trust Other Entity
	Social Security Number -	Share Percentage	

<b>Beneficiary Information 2</b>	Name	Date of Birth (mm/dd/yyyy)	Relationship to Account Owner(s) Spouse Non-Spouse Individual Trust Other Entity
	Social Security Number -	Share Percentage	

<b>Beneficiary Information 3</b>	Name	Date of Birth (mm/dd/yyyy)	Relationship to Account Owner(s) Spouse Non-Spouse Individual Trust Other Entity
	Social Security Number -	Share Percentage	

You may designate a trust as a beneficiary in the section below.

<b>Trust Information</b>	Trust Name	TIN or EIN	Date of Trust / /
<b>Trustee Information</b>	Name of Trustee	SSN - -	Share Percentage

\* If applicable, provide additional trustees on the back of this form.

Check this box if you **do not** wish to designate any primary beneficiaries for your IRA.

### Per Stirpes Designation

You should consult with an estate planning attorney or other expert before selecting this designation.

Check this box if you would like to add a Per Stirpes stipulation to each of the designated primary beneficiaries.

\* **Note:** If this box is checked, if any primary/contingent (as applicable) beneficiary does not survive me, but leaves descendants surviving me, then notwithstanding the beneficiary designations above, any share otherwise payable to such beneficiary shall instead be paid to such beneficiary's descendants surviving me, by right of succession.

## PART 3: Contingent Beneficiaries

If there is no primary beneficiary living at the time of my death, the balance is to be distributed to the contingent beneficiaries I designate here, unless I have stipulated a Per Stirpes designation within my primary designation. If the contingent beneficiary is my estate, I will indicate Estate in the contingent beneficiary section.

I hereby designate the benefit percentages to each contingent beneficiary listed below, which total to 100%. If more than one contingent beneficiary is named and for any reason percentages are not indicated, payment shall be made in equal shares to the contingent beneficiaries who survive me. If a percentage is indicated for a contingent beneficiary who does not survive me, that contingent beneficiary's designated share shall be divided equally among the surviving contingent beneficiaries. If for any reason the percentages do not add up to 100% at the time of my death, payment shall be made to the contingent beneficiaries who survive me in proportion to the designations made. Payment to contingent beneficiaries will be made according to the applicable rules of succession and the IRA Custodial Agreement.

If you need more space to add contingent beneficiaries, write the required information on the back of this form. Share Percentages must be in whole numbers only and must total 100%.

<b>Beneficiary Information 1</b>	Name	Date of Birth (mm/dd/yyyy)	Relationship to Account Owner(s) Spouse Non-Spouse Individual Trust Other Entity
	Social Security Number	Share Percentage	

<b>Beneficiary Information 2</b>	Name	Date of Birth (mm/dd/yyyy)	Relationship to Account Owner(s) Spouse Non-Spouse Individual Trust Other Entity
	Social Security Number	Share Percentage	

<b>Beneficiary Information 3</b>	Name	Date of Birth (mm/dd/yyyy)	Relationship to Account Owner(s) Spouse Non-Spouse Individual Trust Other Entity
	Social Security Number	Share Percentage	

You may designate a trust as a beneficiary in the section below.

<b>Trust Information</b>	Trust Name	TIN or EIN	Date of Trust
<b>Trustee Information</b>	Name of Trustee	SSN	Share Percentage

\* If applicable, provide additional trustees on the back of this form.

Check this box if you **do not** wish to designate any contingent beneficiaries for your IRA.

### Per Stirpes Designation

You should consult with an estate planning attorney or other expert before selecting this designation.

Check this box if you would like to add a Per Stirpes stipulation to each of the designated contingent beneficiaries.

\* **Note:** If this box is checked, if any primary/contingent (as applicable) beneficiary does not survive me, but leaves descendants surviving me, then notwithstanding the beneficiary designations above, any share otherwise payable to such beneficiary shall instead be paid to such beneficiary's descendants surviving me, by right of succession.

## PART 4: Additional Directions for Distributions of Assets to Minor Beneficiaries

Please check one:

- A. None of my designated beneficiaries is a minor.
- B. Please transfer any minor’s assets to a Custodial account at Folio, managed by the custodian(s) designated below. In each instance that the assets pass to the designated custodian as the custodian for the designated minor, the assets shall be transferred under the Uniform Transfer to Minors Act (UTMA) or the Uniform Gift to Minors Act (UGMA) or any other similar statute in effect as specified below.
- C. I understand and accept that a court-appointed guardian may have to be appointed to manage the minor’s assets under ongoing court supervision if I do not designate a custodian for each minor.

**Designate custodians for each minor beneficiary if you checked “B” above:**

Name of Custodian:	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:
Name of Custodian:	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:
Name of Custodian:	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:
Name of Custodian:	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:
Name of Custodian:	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:

\* If the Custodian(s) named immediately above are not already listed on this form, provide the date of birth, social security number, primary address, telephone number, country of citizenship, and country of legal residence for each named custodian on a separate page and submit it with the completed form.

## PART 5: Spousal Waiver

This section must be completed by your spouse **ONLY** if you are a married resident of a community property jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam or Puerto Rico) and are not naming your spouse as 100% primary beneficiary.

By signing below I certify the following: I am the spouse of the above-named account owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the account owner any interest I have in the funds or properties deposited in this account and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Folio.

By signing below I accept the beneficiary designations for the account listed on this form.

<b>Spouse Signature</b>	Spouse Name	
	Spouse Signature <b>X</b>	Date (mm/dd/yyyy) / /

## PART 6: Customer Signature

I understand that if I have not previously designated beneficiaries and choose not to designate any beneficiaries above or online through the appropriate website, (or no designated beneficiaries survive me), my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, my estate as provided in the applicable IRA Custodial Agreement. For Beneficiary IRAs, if no beneficiary is designated (or no designated beneficiaries survive me), my beneficiary shall be my estate, as provided in the applicable IRA Custodial Agreement. I am aware that this form becomes effective when delivered to and accepted by Folio Investments, Inc., ("Folio Institutional") and will remain in effect until Folio Institutional receives and accepts another form with a later date.

This IRA may be transferred to a Beneficiary IRA upon my death, and will be subject to Required Minimum Distribution (RMD) rules at this time.

Notwithstanding anything in this document to the contrary, I understand, acknowledge and agree that Folio Institutional will not act on the designations set forth below, unless and until it receives notice of my death, and instructions from the executor of my estate and/or instructions from all the beneficiaries entitled to the assets in my IRA.

The beneficiary information provided herein shall apply to the IRA listed here for which Kingdom Trust Co. (or their affiliates and/or any successor custodian appointed pursuant to the terms of such IRAs) acts as Custodian, and shall replace all previous designations I have made to my applicable IRA.

<b>Signature</b>	<b>X</b>	Date (mm/dd/yyyy) / /
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