

# DESIGNATION OF BENEFICIARY

## I. PARTICIPANT INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH:  /  /

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER:  -  -

MARITAL STATUS:  SINGLE  MARRIED (NOTE: Spousal consent may be required. See below.)

## II. ACCOUNT INFORMATION

ACCOUNT NUMBER:  -

## III. BENEFICIARY INFORMATION

DESIGNATION OF BENEFICIARY: I hereby make the following beneficiary designation(s) 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 is entitled, payment will be made to the surviving beneficiary or beneficiaries in equal shares.

**NOTE:** For specific beneficiary provisions, please refer to the applicable sections of the Plan Document and the Disclosure Statement.

### PRIMARY BENEFICIARIES

NAME: _____	RELATIONSHIP: _____	NAME: _____	RELATIONSHIP: _____
ADDRESS: _____		ADDRESS: _____	
GENDER: _____	PERCENTAGE: _____	GENDER: _____	PERCENTAGE: _____
DATE OF BIRTH: <input type="text"/> / <input type="text"/> / <input type="text"/>		DATE OF BIRTH: <input type="text"/> / <input type="text"/> / <input type="text"/>	
SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/> - <input type="text"/>		SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/> - <input type="text"/>	

### CONTINGENT BENEFICIARIES (Secondary Beneficiaries will be paid only if all primary Beneficiaries do not survive the Participant)

NAME: _____	RELATIONSHIP: _____	NAME: _____	RELATIONSHIP: _____
ADDRESS: _____		ADDRESS: _____	
GENDER: _____	PERCENTAGE: _____	GENDER: _____	PERCENTAGE: _____
DATE OF BIRTH: <input type="text"/> / <input type="text"/> / <input type="text"/>		DATE OF BIRTH: <input type="text"/> / <input type="text"/> / <input type="text"/>	
SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/> - <input type="text"/>		SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/> - <input type="text"/>	



**IV. SPOUSAL CONSENT (For use in community or marital property states including: AZ, CA, ID, LA, NV, NM, TX, WA, WI)**

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary beneficiary, your spouse must sign this form below. In addition, if required in your state, the form must be signed in the presence of a Notary Public. I am the spouse of the above-named account holder. 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 IRA, SEP, or SIMPLE IRA, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this IRA, SEP, or SIMPLE IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the custodian

SIGNATURE OF SPOUSE:  
(Required in community or marital property states)

DATE:

**SIGN HERE**

**V. PARTICIPANT SIGNATURE**

SIGNATURE:

DATE:

**SIGN HERE**

PLEASE RETURN TO:  
Pershing LLC  
Attention: Retirement Products Department  
One Pershing Plaza  
Jersey City, New Jersey 07399