



INDIVIDUAL RETIREMENT ACCOUNT (IRA) / HEALTH SAVINGS ACCOUNT (HSA) BENEFICIARY DESIGNATION/CHANGE

| | | | | |
|------------------------------|---|--------|--------|-------------------------------|
| IRA/HSA Owner's Name (First) | (MI) | (Last) | Suffix | Social Security Number - - |
| Account Number | IRA/HSA Type <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> HSA <input type="checkbox"/> Conduit IRA | | | |
| Address | City | | State | Zip |

A beneficiary can be a person, trust, charity or your estate. Please write only one beneficiary per line and include all requested information. Upon your death, your IRA/HSA will be payable to the primary beneficiaries listed unless they have predeceased you. The balance in the IRA/HSA will only be payable to the secondary beneficiaries if all primary beneficiaries have predeceased you.

The % fields must total 100% per beneficiary type. If no percentage is specified, funds will be distributed equally among all beneficiaries.

DESIGNATION OF BENEFICIARY

| | | | | | | |
|----------------------------------|----------------|------|--------|--------|-------------------------------|--------------------------|
| <input type="checkbox"/> Primary | Name: (First) | (MI) | (Last) | Suffix | Social Security Number - - | Birth Date: (MM/DD/YYYY) |
| Percent % % | Street Address | | City | | State | Zip Code Relationship |

| | | | | | | |
|------------------------------------|----------------|------|--------|--------|-------------------------------|--------------------------|
| <input type="checkbox"/> Primary | Name: (First) | (MI) | (Last) | Suffix | Social Security Number - - | Birth Date: (MM/DD/YYYY) |
| <input type="checkbox"/> Secondary | Street Address | | City | | State | Zip Code Relationship |

| | | | | | | |
|------------------------------------|----------------|------|--------|--------|-------------------------------|--------------------------|
| <input type="checkbox"/> Primary | Name: (First) | (MI) | (Last) | Suffix | Social Security Number - - | Birth Date: (MM/DD/YYYY) |
| <input type="checkbox"/> Secondary | Street Address | | City | | State | Zip Code Relationship |

| | | | | | | |
|------------------------------------|----------------|------|--------|--------|-------------------------------|--------------------------|
| <input type="checkbox"/> Primary | Name: (First) | (MI) | (Last) | Suffix | Social Security Number - - | Birth Date: (MM/DD/YYYY) |
| <input type="checkbox"/> Secondary | Street Address | | City | | State | Zip Code Relationship |

| | | | | | | |
|------------------------------------|----------------|------|--------|--------|-------------------------------|--------------------------|
| <input type="checkbox"/> Primary | Name: (First) | (MI) | (Last) | Suffix | Social Security Number - - | Birth Date: (MM/DD/YYYY) |
| <input type="checkbox"/> Secondary | Street Address | | City | | State | Zip Code Relationship |

IRA/HSA OWNER'S SIGNATURE

This beneficiary designation overrides all previous designations for this IRA/HSA. If you have more than one IRA/HSA, you must fill out a separate Beneficiary Designation/Change form for each IRA/HSA. This beneficiary designation is not effective unless signed and dated.

Current Marital Status

I Am Not Married – I understand that if I become married in the future, I must complete a new IRA/HSA Beneficiary Designation/Change form.

I Am Married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the "Spousal Consent" section at the bottom of this form.

X _____

IRA/HSA Account Owner's Signature

_____ Date (MM/DD/YYYY)

SPOUSAL CONSENT (If Applicable)

I hereby consent to the designation of beneficiary on this form. I also waive all of my rights to this IRA/HSA of my spouse under community property laws, except to the extent of my interest under the designation of beneficiary on this form. However, this waiver of my rights will terminate if my spouse amends this designation of beneficiary without my consent during my lifetime.

X _____

Signature of IRA/HSA Account Owner's Spouse

_____ Date (MM/DD/YYYY)