

PLEASE NOTE: You may update this form at any time. Completion of a new beneficiary designation form replaces any previous versions on record if any. Your beneficiary designations must be on record with IRA Club before death to be considered valid. If you do not know your beneficiary's DOB or SSN, the designation is still valid.

PRIMARY BENEFICIARY: An individual or entity you intend to receive your IRA assets upon death.

CONTINGENT BENEFICIARY: An individual or entity you intend to replace the primary beneficiary if the primary beneficiary dies before you, IRA owner, or disclaims interest in the IRA.

1. ACCOUNT OWNER INFORMATION
 CHECK HERE IF NEW ACCOUNT

FULL NAME	IRA CLUB ACCOUNT NUMBER (IF AVAILABLE)
-----------	--

2. BENEFICIARY DESIGNATIONS

I designate that upon my death, the assets in this account be passed to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

You may select anyone as a beneficiary. If your legal residence is in a community property state, the state's law may give a spouse rights to some or all the IRA or require spousal consent to name a non-spouse as an IRA Beneficiary. IRS Publication 555 Community Property (AZ, CA, ID, LA, NV, NM, TX, WA, WI). If you would like to name a primary beneficiary other than (or in addition to) your spouse, contact IRA Club for a Spousal Waiver.

NAME OF INDIVIDUAL OR ENTITY	SSN / TIN	DOB	RELATIONSHIP	%	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT
NAME OF INDIVIDUAL OR ENTITY	SSN / TIN	DOB	RELATIONSHIP	%	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT
NAME OF INDIVIDUAL OR ENTITY	SSN / TIN	DOB	RELATIONSHIP	%	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT
NAME OF INDIVIDUAL OR ENTITY	SSN / TIN	DOB	RELATIONSHIP	%	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT
NAME OF INDIVIDUAL OR ENTITY	SSN / TIN	DOB	RELATIONSHIP	%	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT
NAME OF INDIVIDUAL OR ENTITY	SSN / TIN	DOB	RELATIONSHIP	%	<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT

3. SIGNATURE

SIGNATURE	DATE SIGNED
-----------	-------------

QUESTIONS? We are available via phone Monday-Friday between 9:00 AM - 5:00 PM CT - Call 312-795-0988

Rev. 21.6.16