

IRA CHANGE OF BENEFICIARY

Credit Union Name

MEMBER INFORMATION

Member's Name

Social Security Number

Birth Date

IRA Account Number

Type of IRA

NEW BENEFICIARY DESIGNATION(S)

I wish to designate the following person(s) or entity(ies) who are living at the time of my death as my primary and/or contingent beneficiaries to receive payment as indicated herein. If I have not indicated whether a person or entity is my primary or contingent beneficiary(ies), it will be assumed that I intended to indicate a primary beneficiary. If more than one primary and/or contingent beneficiary is indicated, equal shares will be assumed, unless I have indicated otherwise. (Please attach a separate sheet, if needed.)

Name

Address

Date of Birth

Social Security Number

Relationship

Primary ____ or Contingent ____

Percentage ____

Name

Address

Date of Birth

Social Security Number

Relationship

Primary ____ or Contingent ____

Percentage ____

Name

Address

Date of Birth

Social Security Number

Relationship

Primary ____ or Contingent ____

Percentage ____

Name

Address

Date of Birth

Social Security Number

Relationship

Primary ____ or Contingent ____

Percentage ____

If either the member or the trust is located in a marital or community state, please complete the following:

Spousal Consent: *I consent to the fact that my spouse has named the above beneficiary(ies) and hereby transfer (or give up) any community or marital property interest that I have in this IRA into the separate property of my spouse. I assume full responsibility for any adverse consequences that may come about as a result of my consent.*

Signature of Spouse

Date

SIGNATURES

I authorize the credit union to make the beneficiary changes that I have designated above. This designation supersedes any and all prior designations that I may have made. The credit union has not provided me with any legal or tax advice. I accept full responsibility for my actions and will not hold the credit union liable for any adverse consequences that may result.

Signature of Member

Date

Authorized Signature of Custodian

Date