

**INHERITED****IRA****BENEFICIARY DESIGNATION**

*The term Inherited IRA will be used below to mean an inherited Traditional IRA or Roth IRA, unless otherwise specified. The term Inherited IRA Owner is used below to mean a beneficiary who is entitled to receive distributions from the original owner's account. This beneficiary designation overrides all previous designations for this inherited IRA.*

**PART 1. INHERITED IRA OWNER**

Name (First/MI/Last) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

**ACCOUNT TYPE** (Select one)

Inherited Traditional IRA       Inherited Roth IRA

**PART 2. INHERITED IRA TRUSTEE OR CUSTODIAN**

*To be completed by the inherited IRA trustee or custodian*

Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Organization Number \_\_\_\_\_

**ORIGINAL OWNER**

Name (First/MI/Last) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

**PART 3. BENEFICIARY DESIGNATION**

I designate that upon my death, the assets in this inherited account be paid 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.

**PRIMARY BENEFICIARIES** (The total percentage designated must equal 100%.)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

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**CONTINGENT BENEFICIARIES on page 2**

**CONTINGENT BENEFICIARIES** *(The total percentage designated must equal 100%.) (The balance in the inherited account will be payable to these beneficiaries if all primary beneficiaries have predeceased the inherited IRA owner.)*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Tax ID (SSN/TIN) \_\_\_\_\_ Percent Designated \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
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Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this inherited IRA \_\_\_\_\_

**PART 4. SPOUSAL CONSENT**

*Spousal consent should be considered if either the trust or the residence of the inherited IRA owner is located in a community or marital property state.*

**CURRENT MARITAL STATUS**

- I Am Not Married** – I understand that if I become married in the future, I should review the requirements for spousal consent.
- I Am Married** – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

**CONSENT OF SPOUSE**

I am the spouse of the above-named inherited IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this inherited IRA, I have been advised to see a tax professional.

I hereby give the inherited IRA owner my interest in the assets or property deposited in this inherited IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

**X** \_\_\_\_\_  
 Signature of Spouse Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
 Signature of Witness Date (mm/dd/yyyy)

**PART 5. SIGNATURES**

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me regarding my beneficiary designations.

I designate the persons or entities named above as my primary and/or contingent beneficiaries of this inherited IRA. I hereby revoke all prior beneficiary designations, if any, made by me.

**X** \_\_\_\_\_  
 Signature of Inherited IRA Owner Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
 Signature of Witness Date (mm/dd/yyyy)