



# Transfer on Death Beneficiary Form

## ACCOUNT OWNER INFORMATION

ACCOUNT NAME

ACCOUNT NUMBER(S)

SOCIAL SECURITY NUMBER

## TRANSFER ON DEATH BENEFICIARY(IES)

NAME OF BENEFICIARY

PERCENT OF BENEFITS

ADDRESS

SOCIAL SECURITY NUMBER

CITY

STATE

ZIP

BIRTH DATE

RELATIONSHIP

NAME OF BENEFICIARY

PERCENT OF BENEFITS

ADDRESS

SOCIAL SECURITY NUMBER

CITY

STATE

ZIP

BIRTH DATE

RELATIONSHIP

NAME OF BENEFICIARY

PERCENT OF BENEFITS

ADDRESS

SOCIAL SECURITY NUMBER

CITY

STATE

ZIP

BIRTH DATE

RELATIONSHIP

NAME OF BENEFICIARY

PERCENT OF BENEFITS

ADDRESS

SOCIAL SECURITY NUMBER

CITY

STATE

ZIP

BIRTH DATE

RELATIONSHIP

- I hereby designate the above as my primary beneficiary(ies). Unless otherwise requested herein, each payment to be made pursuant to this designation: (a) shall be paid in equal shares to the primary beneficiaries who are living at the time of my death, or (b) if no primary beneficiary shall be living at the time of my death, such payment shall be made in equal shares to any contingent beneficiaries who are then living.
- The Participant shall have the right to change this designation or to designate contingent beneficiaries by filing a new Change of Beneficiary form with the Institution.

**SPOUSAL CONSENT (IF APPLICABLE)**

If you live in a community property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, and you have designated someone other than your spouse as the primary beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective. Your spouse's signature is required to be notarized if completing this section.

I am the spouse of the IRA account holder named above. I agree to my spouse's naming of a primary beneficiary other than or in addition to myself. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I also acknowledge that I shall have no claim whatsoever against the Custodian for any payment to my spouse's named beneficiary(ies).

SPOUSE'S SIGNATURE

DATE

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

In the State of \_\_\_\_\_, in the County of \_\_\_\_\_, on \_\_\_\_\_,  
STATE COUNTY DATE

the above-named individual(s) personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose names is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

NOTARY SIGNATURE

DATE

(NOTARY SEAL)

NOTARY PRINTED NAME

COMMISSION EXPIRES

**SIGNATURE(S)**

SIGNATURE

DATE

SIGNATURE

DATE