

# IRA Beneficiary Designation/Change Form



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Form #

Account #

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**Instructions:** This form may be used by Participants, Beneficiaries and Successor Beneficiaries to designate a Beneficiary for a Traditional, Roth, SIMPLE, SEP or SARSEP IRA. All must complete Sections I, II and IV. If married and living in a community or marital property state, see Section III.

## I. Personal Information

Name	Date of Birth	Social Security #	
Street Address	City	State	Zip
<input type="checkbox"/> I am the <b>Participant</b> completing this application <input type="checkbox"/> I am the <b>Beneficiary or successor Beneficiary</b> completing this application <input type="checkbox"/> I am married and live in a community or marital property state (If this box is check, see <b>Section III</b> )			

## II. Beneficiary Designation

**Revocation of Prior Beneficiary Designation:** I revoke all previous Beneficiary Designations, both Primary and Contingent, made by me with respect to this Raymond James & Associates, Inc., Self-Directed Individual Retirement Account, (includes Traditional, Roth, SIMPLE, SEP and SARSEP IRAs) referenced above and direct that all benefits to which I may be entitled under this Individual Retirement Account or "IRA," be paid upon my death, in accordance with this new designation.

**New Beneficiary Designation:** I hereby designate the persons listed below as the Beneficiaries of my Raymond James & Associates, Inc., Self-Directed Individual Retirement Account. I understand that in making this designation, it is subject to the terms and conditions of the section of the Custodial Account Agreement entitled "**Designation of Beneficiaries.**" In addition, I understand that if I designate "my will" or some variation thereof as my Beneficiary, that the Custodian shall interpret this term as my estate. I understand that I may revoke this Beneficiary designation at any time by completing and submitting a new Beneficiary Designation, which shall supercede all prior Beneficiary designations. Such replacement designation shall be submitted on either a form provided by the Custodian for this purpose and/or in some other manner deemed acceptable to the Custodian.

**Note:** If more than one Primary and or Contingent Beneficiary is designated and no percentages are indicated, an equal percentage will be attributed to each Beneficiary for a total of 100% for all beneficiaries named within the applicable Beneficiary category.

Names of Primary Beneficiaries	Relationship	Date of Birth	S.S. #	%

Names of Contingent Beneficiaries	Relationship	Date of Birth	S.S. #	%

## III. Spousal Consent Instructions

If you are married and if your spouse is not designated as the sole Beneficiary of your IRA, applicable state law may require spousal consent to the Beneficiary(ies) you named above. It is your exclusive responsibility to ascertain if the spousal consent language appearing below is sufficient to satisfy applicable state statutes.

I, \_\_\_\_\_, as the spouse of the above named Participant, Beneficiary or successor Beneficiary, whichever is applicable, have read and hereby voluntarily consent to the Beneficiary Designation indicated herein. By signing this consent, I intend to change the portion, if any, of my spouse's IRA, which may be deemed community or marital property, into the separate property of my spouse. In addition, I understand that by signing this consent, I may be waiving my right to receive a benefit from my spouse's IRA account upon my spouse's death.

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Notary Public/Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

State \_\_\_\_\_ County of \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_

## IV. Signature

\_\_\_\_\_  
Signature Date