IRA Designation of Beneficiary

STEP 1. PARTICIPANT INFORMATION

Name		
Social Security or Tax ID Number		Date of Birth (If Applicable)
Address (No P.O. Box Addresses)		
City	State	Zip /Postal Code
Account Number	Telephone	

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed
*If Married, Spousal Consent may be required. See below.

STEP 2. BENEFICIARY INFORMATION

☐ **Designation of Beneficiary**
I hereby make the following beneficiary designation(s) below pursuant to the retirement account indicated above.

☐ **Change of Beneficiary**
I hereby revoke all prior beneficiary designations and designate the following beneficiary(ies) for my account.

The following shall be my Beneficiary or Beneficiaries of this IRA. If I designate more than one primary or contingent Beneficiary, but do not specify the percentages to which such Beneficiary or Beneficiaries are entitled, payment will be made to the surviving beneficiary or beneficiaries in equal shares.

Pershing considers the following as a standard beneficiary request:
- Name of an Individual(s)
- Name of Group(s) (e.g. charity)
- Specifically dated Trust (s), subject to proper qualification
- Estate (FYI — Pershing will require a Court Order and instructions from the Executor for the proper distribution of the assets.)

All other beneficiary requests will be considered a customized beneficiary request, subject to Pershing's acceptance policy. Each custom request must use the Pershing Designation of Customized Beneficiary form or applicability indemnity language. Please speak with your Financial Advisor for more details.

For specific beneficiary provisions, please refer to the applicable sections of the plan document and the disclosure statement.
The total allocation of all primary beneficiaries must equal 100%.
To designate your Estate as your beneficiary, write in "Estate" in the primary beneficiary section. "Per Will" designations are not acceptable designations.
If a Beneficiary(ies) predeceases you and per stirpes was not elected, please refer to the plan document on rules regarding distribution of assets.
Please consult with your legal advisor before electing the per stirpes designation.

Primary Beneficiaries

Primary Beneficiary1 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

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Primary Beneficiary 2 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Primary Beneficiary 3 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Primary Beneficiary 4 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Primary Beneficiary 5 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Primary Beneficiary 6 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

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Primary Beneficiary 7 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Primary Beneficiary 8 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Primary Beneficiary 9 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Primary Beneficiary 10 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiaries

The total allocation of all contingent beneficiaries must equal 100%
Contingent Beneficiaries will be paid only if all primary beneficiaries (and their children if per stirpes is selected) do not survive the participant.

Contingent Beneficiary 1 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

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Contingent Beneficiary 2 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiary 3 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiary 4 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiary 5 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiary 6 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
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Contingent Beneficiary 7 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiary 8 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiary 9 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiary 10 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) ☐ M ☐ F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		☐ Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Per Stirpes Information

If your beneficiary designation is per stirpes, you understand that if your beneficiary(ies) dies before you, the beneficiary's share of the IRA will pass to his or her respective heirs/children. In the field below, please provide the name of the individual responsible for advising Pershing LLC on any questions relating to the per stirpes distribution of the IRA.

Name of Responsible Individual

You understand that the per stirpes instructions given to Pershing LLC by the responsible individual named above shall be binding on all beneficiaries of this IRA and of your estate and may be relied on by Pershing LLC. Pershing LLC shall not be liable for any payment made at the direction of this individual. If you do not name a responsible individual or the individual you named is unwilling or unable to advise Pershing on questions regarding the per stirpes distribution, then you understand that Pershing will rely on instructions from the executor of your estate regarding any per stirpes designation.

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STEP 3. SIGNATURE AND SPOUSAL CONSENT

Participant Signature

Print Name	Date
Signature X	

Spousal Consent (required in community property or marital property states)
Community or marital property states include: AZ, CA, ID, LA, NV, NM, TX, WA, WI.

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary beneficiary, your spouse must sign this form below. In addition, if required in your state, the form must be signed in the presence of a Notary Public.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Spouse Printed Name	Date
Signature X	

RETURN COMPLETED FORM TO:
ALIGHT FINANCIAL SOLUTIONS
PO BOX 563901
CHARLOTTE NC 28256-3901
FAX: 1.847.554.1444

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