

Financial Institution Name _____

Branch Name or Number _____

Institution ID # / Participant ID # _____

IRA CHANGE OF BENEFICIARY

GENERAL INFORMATION *(please print or type)*

Participant Name _____

Participant Mailing Address _____

City _____

State _____

Zip _____

Social Security Number (SSN) _____

Date of Birth _____

Phone Number _____

Type of IRA: Traditional IRA SEP IRA Roth IRA

BENEFICIARY INFORMATION

An Account Owner's beneficiary designation must be on record with the trustee or financial institution prior to his/her death to be considered an effective designation.

I hereby designate the persons named herein as primary and contingent beneficiaries to receive my interest in this IRA according to the terms of the IRA Plan and Trust Agreement, hereby revoking any such prior designations made by me. I understand that, under the terms of the IRA Plan and Trust Agreement, upon my death, my surviving Primary Beneficiary(ies) each will be entitled to name their own beneficiary(ies) for any IRA assets to which each such Primary Beneficiary became entitled upon my death, that remain in the IRA upon the death of such Primary Beneficiary(ies). If any Primary Beneficiary dies before my death, the IRA will pass upon my death to my remaining Primary Beneficiary(ies), if any, based on their proportional interests as specified below. If all of my Primary Beneficiaries die before my death, the IRA will pass to the Contingent Beneficiary(ies) named below.

The total percentage for each level of beneficiary, both primary and contingent, must equal 100%. If your beneficiary designation request for each level of beneficiary does not total 100%, LT Trust Company, Inc (LT Trust) will correct any excess or short-fall percentage allocation by applying the ratio of the percentage actually allocated among the beneficiaries at each level.

NOTE: You may designate as many beneficiaries, contingently, or successively as you wish. Use additional sheets if necessary, and provide for each beneficiary the information requested in the following format:

PRIMARY BENEFICIARIES

Full Name _____ Relationship _____

Date of Birth _____ SSN _____ Percentage _____%

Address _____ City _____ State _____ Zip _____

Full Name _____ Relationship _____

Date of Birth _____ SSN _____ Percentage _____%

Address _____ City _____ State _____ Zip _____

Full Name _____ Relationship _____

Date of Birth _____ SSN _____ Percentage _____%

Address _____ City _____ State _____ Zip _____

CONTINGENT BENEFICIARIES

Full Name _____ Relationship _____

Date of Birth _____ SSN _____ Percentage _____%

Address _____ City _____ State _____ Zip _____

Full Name _____ Relationship _____

Date of Birth _____ SSN _____ Percentage _____%

Address _____ City _____ State _____ Zip _____

