

Beneficiary Designation

Use this form to update your Beneficiary Designation(s) on file. This should be updated when any changes have occurred, (death of a beneficiary, marriage, divorce, birth of new child, etc.). Any existing Beneficiary Designation will be null and void when an updated Beneficiary Designation is signed by the Account Owner. **An Account Owner's beneficiary designation MUST be on record with the Custodian prior to the Account Owner's death to be considered an effective designation.**

1. Account Owner Information

First Name: _____ MI: _____ Last Name: _____
Last 4 of SSN: _____ Date of Birth: _____ Phone Number: _____
Directed IRA Account Number: _____ Account Type: _____

2. Beneficiary Designation

I hereby designate the person(s) named herein as primary and/or contingent beneficiary(ies) to receive my interest in this IRA according to the terms of the Custodial Account Agreement, hereby revoking any such prior designations made by me. **(Attach additional sheets if necessary.)** Please refer to the terms under the Custodial Account Agreement for further information regarding disbursement of retirement funds after death to beneficiaries listed below.

I understand that in general, I can name anyone as my beneficiary. However, if my legal residence is in a community property state, my state's law may give my spouse rights to some or all of my IRA or require spousal consent to name a non-spouse as an IRA Beneficiary. [IRS Publication 555 Community Property](#) (AZ, CA, ID, LA, NV, NM, TX, WA, WI). My spouse will complete the Spousal Consent form. Please contact Directed Trust Company for the Spousal Consent form or visit www.directedira.com.

A. Married Participants

- I am married and hereby make the following election (Select i. or ii.)
- i. Spouse is 100% Primary Beneficiary:** I have named my spouse as my primary beneficiary. However, in the event my spouse does not survive me, I name the secondary beneficiary(ies) as listed in Section C. You must complete your spouse's information in Section C below.

 - ii. Spouse is NOT 100% Primary Beneficiary:** I hereby name my primary beneficiary(ies) as listed in Section C below. If my legal residence is in a community property state and I have designated someone other than my spouse as the primary beneficiary, my spouse will complete and sign the Spousal Consent Form and have his or her signature witnessed by a notary public. Please contact Directed Trust Company for the Spousal Consent form or visit www.directedira.com.

B. Unmarried Participant

- I am NOT married and hereby designate the beneficiary(ies) shown in Section C below. I understand that if I become married in the future, my account will pass according to spousal laws in my state, unless I update my designation following my marriage to confirm my wishes.

C. Beneficiary Designation(s) - Please provide date of birth **OR** social security for each beneficiary listed below.

<input type="radio"/> Primary	<input type="radio"/> Spouse <input type="radio"/> Child/Family <input type="radio"/> Trust* <input type="radio"/> Other	1) Name:		Relationship:
		Date of Birth: (MM/DD/YYYY)	Social Security Number:	Share Percentage %
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Spouse <input type="radio"/> Child/Family <input type="radio"/> Trust* <input type="radio"/> Other	2) Name:		Relationship:
		Date of Birth: (MM/DD/YYYY)	Social Security Number:	Share Percentage %
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Spouse <input type="radio"/> Child/Family <input type="radio"/> Trust* <input type="radio"/> Other	3) Name:		Relationship:
		Date of Birth: (MM/DD/YYYY)	Social Security Number:	Share Percentage %
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Spouse <input type="radio"/> Child/Family <input type="radio"/> Trust* <input type="radio"/> Other	4) Name:		Relationship:
		Date of Birth: (MM/DD/YYYY)	Social Security Number:	Share Percentage %
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Spouse <input type="radio"/> Child/Family <input type="radio"/> Trust* <input type="radio"/> Other	5) Name:		Relationship:
		Date of Birth: (MM/DD/YYYY)	Social Security Number:	Share Percentage %
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Spouse <input type="radio"/> Child/Family <input type="radio"/> Trust* <input type="radio"/> Other	6) Name:		Relationship:
		Date of Birth: (MM/DD/YYYY)	Social Security Number:	Share Percentage %
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Spouse <input type="radio"/> Child/Family <input type="radio"/> Trust* <input type="radio"/> Other	7) Name:		Relationship:
		Date of Birth: (MM/DD/YYYY)	Social Security Number:	Share Percentage %
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Spouse <input type="radio"/> Child/Family <input type="radio"/> Trust* <input type="radio"/> Other	8) Name:		Relationship:
		Date of Birth: (MM/DD/YYYY)	Social Security Number:	Share Percentage %
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Spouse <input type="radio"/> Child/Family <input type="radio"/> Trust* <input type="radio"/> Other	9) Name:		Relationship:
		Date of Birth: (MM/DD/YYYY)	Social Security Number:	Share Percentage %


**If you are designating your Trust as either Primary or Contingent Beneficiary, please submit a copy of the trust documents.*

The total percentage for each level of beneficiary, both primary and contingent, must equal 100%. For example: if you are designating 3 beneficiaries with rights to equal portions of the account, the amount should reflect 33.33%, 33.33% and 33.34%. If your beneficiary designation request for each level of beneficiary does not total 100%, Directed IRA will correct any excess or short-fall percentage allocation by applying the ration of the percentage actually allocated among the beneficiaries at each level.

Account Owner Signature (REQUIRED) (notary signature not required)

I have completed, understand and agree to all pages of this Beneficiary Designation form. This designation supersedes all prior designations. Subject to and accordance with the terms of the Custodial Account Agreement, I am making the above beneficiary designation(s) for my vested account in the event of my death. I have received a copy of the Custodian Account Agreement which outlines Beneficiary Designations under Article VIII (12).

Please note electronic signatures on this form must include the electronic signature Certification page or Certification Stamp. If one is not included, we will not accept this form.

 _____
Account Owner Signature

Date

INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE

Secure File Upload	Email Forms to: Clients@directedira.com	Send Mail to: 3033 N. Central Ave. Ste. 415 Phoenix, AZ 85012	Phone: (602) 899-9396 Fax: (602) 899-9641
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Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation