

INDIVIDUAL RETIREMENT ACCOUNT BENEFICIARY DESIGNATION/CHANGE

TRADITIONAL
 ROTH
 SEP IRA

IRA owner's name (member) _____ member account no. _____
 address _____ social security no. _____
 _____ date of birth _____
 daytime phone no. _____

Please indicate if you have a spouse. Yes No

PRIMARY BENEFICIARY(IES)

If you name more than one primary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

%	print name	address, city, state, zip code	relationship	birthdate

SECONDARY BENEFICIARY(IES)

If you name more than one secondary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

%	print name	address, city, state, zip code	relationship	birthdate

See IRA Custodial Agreement for further information

In an event that one or more of the primary beneficiaries predeceases owner, the amount allocated to said beneficiary(ies) will be divided among the surviving primary beneficiary(ies) in the same manner as the balance of the account is to be divided among the surviving primary beneficiaries. Secondary beneficiary(ies) will receive funds only if the primary beneficiary(ies) predeceases the owner. If no percentages are set forth herein above, it will be presumed that the survivor shall share equally. Refer to section 4 of the IRA Custodial Agreement for additional information. If you do not receive acknowledgement within thirty days, please contact our IRA Department at the Chicago Headquarters office by mail or phone.

CONSENT OF SPOUSE

I consent to the designation of beneficiary(ies) on this form. I also waive all my rights to this IRA under community property laws, except to the extent of my interest under the designation of beneficiary(ies) on this form. I understand that I may not revoke this consent in the future. However, this waiver of my rights will terminate if my spouse (OWNER) amends this designation of beneficiary(ies) without my consent during my lifetime.

signature of owner's spouse _____ date _____

If your spouse is not named as a primary beneficiary with at least 50% allocation of IRA funds, then have spouse sign CONSENT OF SPOUSE.

IRA OWNER'S SIGNATURE

IRA owner's signature _____ date _____

If you do not receive acknowledgement within thirty days, please contact our IRA Department at our Chicago Headquarters office by mail or phone.

Credit Union Acknowledgment

credit union representative's authorized signature _____ date _____