



The IRA Club
333 North Michigan Ave
Suite 2220
Chicago, IL 60611

Phone: 312-795-0988
Fax: 888-600-6997
Web: IRAclub.org

BENEFICIARY DESIGNATION

If you wish to name more than two primary or two secondary beneficiaries, please use additional forms and be sure to sign (including spouse, if community property state) and date each page. When received, we will update your file and mail you a confirmation.
IF THIS IS A CHANGE TO A PRIOR DESIGNATION, ALL PRIOR PRIMARY AND SECONDARY BENEFICIARY DESIGNATIONS WILL BE REPLACED WITH THIS DESIGNATION.

Delivery instructions for this form are at the end of this document

PRIMARY BENEFICIARIES Attach additional pages of this form if necessary

1ST Primary Beneficiary:

BENEFICIARY NAME		RELATIONSHIP
BENEFICIARY ADDRESS		PERCENT SHARE (PRIMARY BENEFICIARIES MUST TOTAL 100%) %
BENEFICIARY CITY	BENEFICIARY STATE	BENEFICIARY ZIP
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

2ND Primary Beneficiary:

BENEFICIARY NAME		RELATIONSHIP
BENEFICIARY ADDRESS		PERCENT SHARE (PRIMARY BENEFICIARIES MUST TOTAL 100%) %
BENEFICIARY CITY	BENEFICIARY STATE	BENEFICIARY ZIP
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

SECONDARY BENEFICIARIES Will be paid only if all the primary beneficiaries pre-decease the account holder

1ST Secondary Beneficiary:

BENEFICIARY NAME		RELATIONSHIP
BENEFICIARY ADDRESS		PERCENT SHARE (SECONDARY BENEFICIARIES MUST TOTAL 100%) %
BENEFICIARY CITY	BENEFICIARY STATE	BENEFICIARY ZIP
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

2ND Secondary Beneficiary:

BENEFICIARY NAME		RELATIONSHIP
BENEFICIARY ADDRESS		PERCENT SHARE (SECONDARY BENEFICIARIES MUST TOTAL 100%) %
BENEFICIARY CITY	BENEFICIARY STATE	BENEFICIARY ZIP
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

E. SIGNATURE

Participant Signature: _____ **Date** ____/____/20 ____

If the spouse is not the primary beneficiary, spouse MUST sign below and agree as follows:

I acknowledge that I am the spouse of the above-named account holder and do hereby give them any interest that I have in the funds or property in this account and consent to the beneficiary designation(s) provided. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian, or its agents or representatives.

Spouse Signature: _____ **Date** ____/____/20 ____

Form delivery instructions:

By Mail or Overnight	By E-mail	By Fax
The IRA Club 333 N. Michigan Ave Suite 2220 Chicago, IL 60601	docs@iraclub.org	888-600-6997