



# IRA Beneficiary Form

Investment Manager "IM" Information (This portion to be completed by IM.)

IM Firm Name (please print) \_\_\_\_\_

IM Master Account Number \_\_\_\_\_ ISG Team \_\_\_\_\_

## 1. Account Holder Information (For information on Schwab's privacy policy, please refer to Section 3.)

Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Schwab IRA Account Number \_\_\_\_\_ Social Security/Tax ID Number \_\_\_\_\_

## 2. Designate Your Beneficiary(ies)\*

**A. Primary Beneficiary(ies)<sup>†</sup>:** I designate the following person(s) or entity below as primary beneficiary(ies) to receive payment of the value of my IRA upon my death.

% Benefits<sup>‡</sup> \_\_\_\_\_ Trust Name (if applicable)<sup>§</sup> \_\_\_\_\_ Trust Date (mm/dd/yy) \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Social Security/Tax ID Number \_\_\_\_\_

Home Street Address (No P.O. boxes please) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Relationship \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

% Benefits<sup>‡</sup> \_\_\_\_\_ Trust Name (if applicable)<sup>§</sup> \_\_\_\_\_ Trust Date (mm/dd/yy) \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Social Security/Tax ID Number \_\_\_\_\_

Home Street Address (No P.O. boxes please) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Relationship \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

% Benefits<sup>‡</sup> \_\_\_\_\_ Trust Name (if applicable)<sup>§</sup> \_\_\_\_\_ Trust Date (mm/dd/yy) \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Social Security/Tax ID Number \_\_\_\_\_

Home Street Address (No P.O. boxes please) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Relationship \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

\*If this is an Education IRA, I understand that *only* the beneficial minor's estate can be the beneficiary. If this is a Custodial IRA for a minor, I understand that only the minor's estate can be the beneficiary until such time as the minor becomes the owner of the IRA and designates his or her own beneficiaries.

<sup>†</sup>If you wish to designate more than three primary beneficiaries, attach a separate sheet of paper. Provide all the information above and percentage of IRA for each beneficiary. (Percentages must total 100%.)

<sup>‡</sup>If more than one beneficiary is designated, the percentages must total 100%.

<sup>§</sup>If you designate a trust as a beneficiary, you must also provide the date of the trust.

For Charles Schwab Use Only

Account Number \_\_\_\_\_

Approved by \_\_\_\_\_ Print Name of Approver \_\_\_\_\_

Source Code \_\_\_\_\_ Date Approved \_\_\_\_\_

**B. Contingent Beneficiary(ies):** If no primary beneficiary survives me, I designate that the balance of my IRA be distributed to my contingent beneficiary(ies) below.

<i>% Benefits</i> <sup>1</sup>	<i>Trust Name (if applicable)</i> <sup>3</sup>			<i>Trust Date (mm/dd/yy)</i>
<i>First Name</i>	<i>Middle</i>	<i>Last</i>		<i>Social Security/Tax ID Number</i>
<i>Home Street Address (No P.O. boxes please)</i>			<i>City</i>	<i>State</i> <i>Zip Code</i>
<i>Date of Birth (mm/dd/yy)</i>		<i>Relationship</i>	<i>Home Telephone Number</i>	

  

<i>% Benefits</i> <sup>1</sup>	<i>Trust Name (if applicable)</i> <sup>3</sup>			<i>Trust Date (mm/dd/yy)</i>
<i>First Name</i>	<i>Middle</i>	<i>Last</i>		<i>Social Security/Tax ID Number</i>
<i>Home Street Address (No P.O. boxes please)</i>			<i>City</i>	<i>State</i> <i>Zip Code</i>
<i>Date of Birth (mm/dd/yy)</i>		<i>Relationship</i>	<i>Home Telephone Number</i>	

<sup>1</sup>If you wish to designate more than two contingent beneficiaries, attach a separate sheet of paper. Provide all the information above and percentage of IRA for each beneficiary. (Percentages must total 100%.)

<sup>2</sup>If more than one contingent beneficiary is designated, the percentages must total 100%.

<sup>3</sup>If you designate a trust as a beneficiary, you must also provide the date of the trust.

**3. Agree to Terms**

I elect that when I die, my interest in my Charles Schwab IRA Plan will become the property of:

- the primary beneficiary, if he or she survives; or
- if no primary beneficiary survives, the contingent beneficiary.

If no designated beneficiary survives, or if the custodian cannot locate the beneficiary, then the custodian will distribute the benefits to:

- my estate.

If I have chosen more than one primary beneficiary, and one or more (but not all) primary beneficiaries survive me, each surviving beneficiary will receive a share of the benefits determined by multiplying the total benefits by a fraction in which the numerator is the percentage to be distributed to the particular primary beneficiary as shown above and the denominator is the total of the percentages for all surviving beneficiaries as shown above. If no primary beneficiary survives me, the surviving contingent beneficiaries will share in the benefits in the same way as described above. I understand that if I fail to indicate share percentages, Schwab will divide benefits equally among all beneficiaries I designate.

I understand that if any primary or contingent beneficiaries die and I wish to name a new beneficiary, or modify existing beneficiary information, I must complete a new IRA Beneficiary Form.

If a contingent beneficiary dies, surviving contingent beneficiaries will share in the benefits in the same way as described for primary beneficiaries.

I understand that if Schwab determines that my beneficiary designation is not clear with respect to the amount of the distribution, the date on which the distribution shall be made, or the identity of the party or parties who will receive the distribution, Schwab shall have the right, in its sole discretion, to consult counsel and to institute legal proceedings to determine the proper distribution of the account, all at the expense of the account, before distributing or transferring the account.

I reserve the right to revoke or change this beneficiary designation, and understand that any change or revocation must be given in writing to Schwab. This designation revokes any prior designation of primary or contingent beneficiaries I may have made.

**Schwab's Privacy Policy and Disclosure of Information.** Schwab respects your privacy. Schwab will use the information you provide to open and service your account, to communicate with you when necessary, to provide you with additional information about products and services and to provide to your IM, and certain third parties as your IM directs Schwab, information as provided in this form. Pursuant to your Account Agreement, Schwab may disclose information about you and your account to certain other third parties. Please call Schwab at 1-800-515-2157 for a copy of Schwab's privacy policy.

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature: Account Holder (mm/dd/yy)