

IRA Beneficiary Designation Form

Use this form to add or change beneficiary designations for an existing IRA.

Instructions

1. Complete the form and include any necessary supporting documents.
2. Sign and send us the completed form.

Scan and Email

support@freedomadvisors.com

Important Notes

- When making a beneficiary change, you must change or confirm both your primary and contingent beneficiary designations.
- Your new beneficiary designations will supersede your previous designations. Leaving a section blank will result in the removal of previously designated beneficiaries.
- You must include the social security number and date of birth of each person or EIN and date of establishment of each entity you designate as a beneficiary.

PART 1: IRA Account Owner Information

Account Owner Information	First Name	Middle Initial	Last Name
	Account Number		Social Security Number - -

☐ Check this box if you are currently receiving required minimum distributions from your IRA.

PART 2: Designation of Primary Beneficiaries

I hereby designate the following beneficiaries as primary beneficiaries to receive payment of the value of my IRA, following my death. If the primary beneficiary is my estate, I will indicate Estate in the primary beneficiary section.

I hereby designate the benefit percentages to each beneficiary listed below, which total to 100%. If more than one beneficiary is named and for any reason percentages are not indicated, payment shall be made in equal shares to the primary beneficiaries who survive me. If a percentage is indicated for a primary beneficiary that does not survive me, that beneficiary's designated share shall be divided equally among the surviving primary beneficiaries. If for any reason the percentages do not add up to 100% at the time of my death, payment shall be made to the primary beneficiaries who survive me in proportion to the designations made. Payment to primary beneficiaries will be made according to the applicable rules of succession and the IRA Custodial Agreement.

If you need more space to add beneficiaries, write the required information on the back of the form. Share Percentages must be in whole numbers only and must total 100%.

Beneficiary Information 1	Name	Date of Birth (mm/dd/yyyy) / /	Relationship to Account Owner(s) <input type="radio"/> Spouse <input type="radio"/> Non-Spouse Individual <input type="radio"/> Trust <input type="radio"/> Other Entity <input type="button" value="CLEAR ENTRY"/>
	Social Security Number -	Share Percentage	

Beneficiary Information 2	Name	Date of Birth (mm/dd/yyyy) / /	Relationship to Account Owner(s) <input type="radio"/> Spouse <input type="radio"/> Non-Spouse Individual <input type="radio"/> Trust <input type="radio"/> Other Entity <input type="button" value="CLEAR ENTRY"/>
	Social Security Number -	Share Percentage	

Beneficiary Information 3	Name	Date of Birth (mm/dd/yyyy) / /	Relationship to Account Owner(s) <input type="radio"/> Spouse <input type="radio"/> Non-Spouse Individual <input type="radio"/> Trust <input type="radio"/> Other Entity <input type="button" value="CLEAR ENTRY"/>
	Social Security Number -	Share Percentage	

You may designate a trust as a beneficiary in the section below.

Trust Information	Trust Name	TIN or EIN	Date of Trust / /
Trustee Information	Name of Trustee	Social Security Number - -	Date of Birth (mm/dd/yyyy) / /
	Share Percentage		

* If applicable, provide additional trustees on the back of this form.

☐ Check this box if you **do not** wish to designate any primary beneficiaries for your IRA.

Per Stirpes Designation

You should consult with an estate planning attorney or other expert before selecting this designation.

☐ Check this box if you would like to add a Per Stirpes stipulation to each of the designated primary beneficiaries.

* **Note:** If this box is checked, if any primary/contingent (as applicable) beneficiary does not survive me, but leaves descendants surviving me, then notwithstanding the beneficiary designations above, any share otherwise payable to such beneficiary shall instead be paid to such beneficiary's descendants surviving me, by right of succession.

PART 3: Contingent Beneficiaries

If there is no primary beneficiary living at the time of my death, the balance is to be distributed to the contingent beneficiaries I designate here, unless I have stipulated a Per Stirpes designation within my primary designation. If the contingent beneficiary is my estate, I will indicate Estate in the contingent beneficiary section.

I hereby designate the benefit percentages to each contingent beneficiary listed below, which total to 100%. If more than one contingent beneficiary is named and for any reason percentages are not indicated, payment shall be made in equal shares to the contingent beneficiaries who survive me. If a percentage is indicated for a contingent beneficiary who does not survive me, that contingent beneficiary's designated share shall be divided equally among the surviving contingent beneficiaries. If for any reason the percentages do not add up to 100% at the time of my death, payment shall be made to the contingent beneficiaries who survive me in proportion to the designations made. Payment to contingent beneficiaries will be made according to the applicable rules of succession and the IRA Custodial Agreement.

If you need more space to add contingent beneficiaries, write the required information on the back of this form. Share Percentages must be in whole numbers only and must total 100%.

Beneficiary Information 1	Name	Date of Birth (mm/dd/yyyy)	Relationship to Account Owner(s) <input checked="" type="checkbox"/> Spouse <input type="radio"/> Non-Spouse Individual <input type="radio"/> Trust <input type="radio"/> Other Entity
	Social Security Number	Share Percentage	

Beneficiary Information 2	Name	Date of Birth (mm/dd/yyyy)	Relationship to Account Owner(s) <input checked="" type="checkbox"/> Spouse <input type="radio"/> Non-Spouse Individual <input type="radio"/> Trust <input type="radio"/> Other Entity
	Social Security Number	Share Percentage	

Beneficiary Information 3	Name	Date of Birth (mm/dd/yyyy)	Relationship to Account Owner(s) <input checked="" type="checkbox"/> Spouse <input type="radio"/> Non-Spouse Individual <input type="radio"/> Trust <input type="radio"/> Other Entity
	Social Security Number	Share Percentage	

You may designate a trust as a beneficiary in the section below.

Trust Information	Trust Name	TIN or EIN	Date of Trust
Trustee Information	Name of Trustee	Social Security Number	Date of Birth (mm/dd/yyyy)
	Share Percentage		

* If applicable, provide additional trustees on the back of this form.

☐ Check this box if you **do not** wish to designate any contingent beneficiaries for your IRA.

Per Stirpes Designation

You should consult with an estate planning attorney or other expert before selecting this designation.

☐ Check this box if you would like to add a Per Stirpes stipulation to each of the designated contingent beneficiaries.

* **Note:** If this box is checked, if any primary/contingent (as applicable) beneficiary does not survive me, but leaves descendants surviving me, then notwithstanding the beneficiary designations above, any share otherwise payable to such beneficiary shall instead be paid to such beneficiary's descendants surviving me, by right of succession.

PART 4: Additional Directions for Distributions of Assets to Minor Beneficiaries

Designate custodians for each minor beneficiary:

Name of Custodian:	Date of Birth (mm/dd/yyyy) / /	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:
Name of Custodian:	Date of Birth (mm/dd/yyyy) / /	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:
Name of Custodian:	Date of Birth (mm/dd/yyyy) / /	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:
Name of Custodian:	Date of Birth (mm/dd/yyyy) / /	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:
Name of Custodian:	Date of Birth (mm/dd/yyyy) / /	Name of Minor Beneficiary:	Under UTMA / UGMA laws of the State of:	Until Age of:

PART 5: Spousal Waiver

Important Information for Married Account Owners in Community Property States:

If you are married and live in a community or marital property state (including but not limited to AZ, CA, ID, LA, NM, NV, TX, WA, or WI) and are not naming your spouse as 100% primary beneficiary, spousal consent may be required. It is the account owner's responsibility to determine if spousal consent is required. Please consult a tax or financial professional. EQIS and its affiliates are not responsible for determining whether an account owner is married and/or is a resident of a jurisdiction in which community property rules apply and are not liable for any consequences resulting from failure to provide spousal consent.

By signing below I certify the following: I am the spouse of the above-named account owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the account owner any interest I have in the funds or properties deposited in this account and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Folio or EQIS.

By signing below I accept the beneficiary designations for the account listed on this form.

Spouse Signature	Spouse Name	
	Spouse Signature X	Date (mm/dd/yyyy) /

PART 6: Customer Signature

I understand that if I have not previously designated beneficiaries and choose not to designate any beneficiaries above or online through the appropriate website, (or no designated beneficiaries survive me), my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, my estate as provided in the applicable IRA Custodial Agreement. For Beneficiary IRAs, if no beneficiary is designated (or no designated beneficiaries survive me), my beneficiary shall be my estate, as provided in the applicable IRA Custodial Agreement. I am aware that this form becomes effective when delivered to and accepted by Folio Investments, Inc., ("Folio Institutional") and will remain in effect until Folio Institutional receives and accepts another form with a later date.

This IRA may be transferred to a Beneficiary IRA upon my death, and will be subject to Required Minimum Distribution (RMD) rules at this time.

Notwithstanding anything in this document to the contrary, I understand, acknowledge and agree that Folio Institutional will not act on the designations set forth below, unless and until it receives notice of my death, and instructions from the executor of my estate and/or instructions from all the beneficiaries entitled to the assets in my IRA.

The beneficiary information provided herein shall apply to the IRA listed here for which Kingdom Trust Co. (or their affiliates and/or any successor custodian appointed pursuant to the terms of such IRAs) acts as Custodian, and shall replace all previous designations I have made to my applicable IRA.

Signature	X	Date (mm/dd/yyyy) /
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