

IRA Beneficiary Designation/Change Form



New Accounts
Service Center Fax
866-406-4235
DMS Eligible

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Form #

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Account #

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Instructions: This form may be used by Participants, Beneficiaries and Successor Beneficiaries to designate a Beneficiary for a Traditional, Roth, SIMPLE, SEP or SARSEP IRA. All must complete Sections I, II, and IV and if married and living in a community or marital property state, see Section III.

I Personal Information

Name	Date of Birth	Social Security #
Address	City	State / ZIP

- I am the **Participant** completing this application.
- I am the **Beneficiary** or **Successor Beneficiary** completing this application.
- I am married and live in a community or marital property state. (If this box is checked, see **Section III.**)

II Beneficiary Designation

Revocation of Prior Beneficiary Designation: I revoke all previous beneficiary designations, both Primary and Contingent, made by me with respect to the Raymond James & Associates, Inc. (Raymond James), Self-Directed Individual Retirement Account, (includes Traditional, Roth, SIMPLE, SEP, and SARSEP IRAs) referenced above and direct that all benefits to which I may be entitled under this Individual Retirement Account ("IRA") be paid upon my death, in accordance with this new designation.

New Beneficiary Designation: I hereby designate the persons listed below as the beneficiaries of my Raymond James IRA. I understand that in making this designation, it is subject to the terms and conditions of the section of the IRA Custodial Account Agreement entitled "**Designation of Beneficiaries**". In addition, I understand that if I designate "my will" or some variation thereof as my beneficiary, that the Custodian shall interpret this term as my estate. If I do not designate any beneficiary, my beneficiary shall also be deemed to be my estate. I understand that I may revoke this beneficiary designation at any time by completing and submitting a new beneficiary designation, which shall supercede all prior designations. Such replacement designation shall be submitted on either a form provided by the Custodian for this purpose and/or in some other manner deemed acceptable to the Custodian.

Note: If more than one Primary and/or Contingent Beneficiary is designated and no percentages are indicated, an equal percentage will be attributed to each beneficiary for a total of 100% for all beneficiaries named within the applicable beneficiary category.

Names of Primary Beneficiaries	Relationship	SS #	Date of Birth	%

Names of Contingent Beneficiaries	Relationship	SS #	Date of Birth	%

Account #

III Spousal Consent

If you are married and if your spouse is not designated as the sole beneficiary of your IRA, applicable state law may require spousal consent to the beneficiary(ies) you have named above. It is your exclusive responsibility to ascertain if the spousal consent language appearing below is sufficient to satisfy applicable state statutes.

I, _____, as the spouse of the above named Participant, Beneficiary or Successor Beneficiary, whichever is applicable, have read and hereby voluntarily consent to the beneficiary designation indicated herein. By signing this consent, I agree that the portion, if any, of my spouse's IRA which is deemed community or marital property shall be deemed the separate property of my spouse. In addition, I understand that by signing this consent, I may be waiving my right to receive a benefit from my spouse's IRA account upon my spouse's death.

Signature of Spouse: _____ Date: _____

Signature of Notary Public/Witness: _____ Date: _____

State of: _____ County of: _____ Commission Expiration Date: _____

IV Signatures

Print Name

Date

Signature

Date

