



P.O. Box 669802, Dallas, TX 75266-0955

IRA CHANGE OF BENEFICIARY

Please review all information below and **complete the required fields**, as applicable. If you have any questions regarding the information on this form, please contact our IRA Specialists toll-free at 1-866-226-5638.

TRADITIONAL **ROTH**



IRA Owner Information

Name _____		Social Security Number _____	Date of Birth _____
Address (Enter your permanent residence address) _____		Phone Number _____	
City _____	State _____	Zip _____	

Beneficiary Information*

***Percentages need to be whole numbers and total percentage of all beneficiaries must equal 100%**

Primary Beneficiary	Percentage _____ %
Name _____	Relationship _____ Date of Birth _____
Street Address (P.O. Boxes not accepted) City State ZIP Code	Social Security /Tax ID number _____
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage _____ %
Name _____	Relationship _____ Date of Birth _____
Street Address (P.O. Boxes not accepted) City State ZIP Code	Social Security /Tax ID number _____
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage _____ %
Name _____	Relationship _____ Date of Birth _____
Street Address (P.O. Boxes not accepted) City State ZIP Code	Social Security /Tax ID number _____
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage _____ %
Name _____	Relationship _____ Date of Birth _____
Street Address (P.O. Boxes not accepted) City State ZIP Code	Social Security /Tax ID number _____
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage _____ %
Name _____	Relationship _____ Date of Birth _____
Street Address (P.O. Boxes not accepted) City State ZIP Code	Social Security /Tax ID number _____
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage _____ %
Name _____	Relationship _____ Date of Birth _____
Street Address (P.O. Boxes not accepted) City State ZIP Code	Social Security /Tax ID number _____

