

## **IRA Beneficiary Designation Form**

Please complete all sections of this form. All previous designations will be deleted and replaced with the beneficiaries named on this form.

Name:			Social Security Number			Account Number:
Primary Beneficiaries, please a	eficiary(ies) in the 'Primary Benefic attach another form. DO NOT enter only enter Contingent Beneficiary(i	r the names	of Primary Beneficia	aries in the '	Contingent Bene	eficiary or
Primary Beneficiary or l	Beneficiaries: Share totals must	t equal 100	%. Do not use fraction	onal percenta	ages or dollar am	ounts
Name:	Relationship:		Date of Birth:	Telepl	hone Number:	Share Percentage %
Address:	1	Email .	Address:		Social Security	Number:
Name:	Relationship:		Date of Birth:	Telep	hone Number:	Share Percentage %
Address:	Email		Address:		Social Security Number:	
Name:	Relationship:		Date of Birth:	Teler	ohone Number:	Share Percentage
Address:		Email .	Address:		Social Security	Number:
Name:	Relationship:		Date of Birth:	Telep	phone Number:	Share Percentage %
Address:	I	Email .	Address:		Social Security	
Name:	Relationship:		Date of Birth:	Telep	phone Number:	Share Percentage %
Address:		Email .	Address:		Social Security	Number:
Contingent Beneficiary	or Beneficiaries: Share totals	must eau	al 100%. Do not use	fractional	percentages or d	lollar amounts.
Name:	Relationship:		Date of Birth:		phone Number:	Share Percentage %
Address:		Email	Address:	1	Social Security	Number:
Name:	Relationship:	I	Date of Birth:	Tele	phone Number:	Share Percentage %
Address:		Email	Address:		Social Security	
Name:	Relationship:		Date of Birth:	Tele	phone Number:	Share Percentage
Address:	<u> </u>	Email A	Address:	I	Social Security	/ Number:
Name:	Relationship:	]	Date of Birth:	Tele	phone Number:	Share Percentage
Address:		Email A	Address:		Social Security	/ Number:
Name:	Relationship:	]	Date of Birth:	Tele	phone Number:	Share Percentage %
Address:	I	Email A	Address:		Social Security	

I understand that the beneficiary(ies) designated here beneficiary designation form in writing with the custo may not be revoked or changed by will, codicil, trust heirs, spouse, successors in interest, and all Beneficial affiliates, directors, officers, control persons, agents a liabilities, including attorneys' fees, by person or enti- hereunder.	todian and my broker during document or other testame aries named herein) shall in and employees thereof) from	entary document. I (including my estate, ademnify and hold harmless Apex (and m and against all claims, actions, costs and
	ein may be changed or rev	
		es me, any interest I may have in this IRA shall be ries' section of the IRA Custodial Agreement
<ul><li>otherwise indicated to the Contingent Benefic</li><li>If the death of one or more designated Contin</li></ul>	iciary(ies) I have designated ngent Beneficiary precedes my o	death, the interest they would have received from this es) Pro Rata such that 100% is paid to the surviving
Contingent beneficiary(ies)  • If none of my Primary Beneficiaries survives	s me, any interest I have in this :	account will be paid in equal proportions unless
this IRA will be paid, upon my death, to my sprimary beneficiary(ies).	ary Beneficiary(ies) precedes my	ns unless otherwise indicated to the primary y death, the interest they would have received from ies) Pro Rata such that 100% is paid to the surviving
I acknowledge and agree that upon my death distribumanner:	ution will be made to my do	esignated beneficiaries in the following
Account Holder Authorization	Date	
Signature of Witness	Date	
Signature of Spouse	Date	
I hereby give the Account holder any interest I have in the designation(s) indicated above. I assume full responsibility given to me by Apex Clearing Corporation.		
I certify that I am the spouse of the above named accound is closure of my spouse's property and financial obligation this Account, I have been advised to see a tax and/or legal	ions. Due to the important tax	
<b>Spousal Consent</b> : Due to the important tax consequence this section should consult with a tax or legal advisor.	es of giving up one's commun	nity property interest, individuals signing
	at I Am Not Married	
If you are not married, certify here: L I Certify Tha		
Note: Consent of the Account holder's (Participant) Spot Property State) to effectively designate a beneficiary other advised to consult a legal, tax, or other professional advisindemnifies Apex Clearing Corporation from any advers If you are not married, certify here: I Certify Tha	ner than or in addition to the lisor to confirm if this consen	Participant's Spouse. Account holder has been at is necessary in its state. Account holder hereby