

This IRA Change of Beneficiary Form is used by IRA owners and Inherited IRA owners to change the beneficiaries for Traditional, Roth, SEP and SIMPLE IRAs.

Account Number: _____

SECTION 1: ACCOUNT OWNER INFORMATION (DECEASED INDIVIDUAL IF FOR INHERITED IRA)

 Name: _____ SSN: _____ Date of Birth: _____
 Residence Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Email Address: _____

SECTION 2: INHERITED ACCOUNT OWNER INFORMATION (FOR INHERITED IRAS ONLY)
New Designated Beneficiary Information:

 Name: _____ SSN: _____ Date of Birth: _____
 Residence Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Email Address: _____
 U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

SECTION 3: BENEFICIARY DESIGNATION

NOTE: THIS BENEFICIARY DESIGNATION SUPERSEDES ALL PRIOR BENEFICIARY DESIGNATIONS FOR THE IRA IDENTIFIED ABOVE.

IRA Owners (or Inherited IRA Owners) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, your IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new IRA Change of Beneficiary Form and providing it to the Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____
 Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member
 Address: _____

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SECTION 3: BENEFICIARY DESIGNATION continued

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Address: _____

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification in writing acceptable by the IRA Trustee/Custodian.

SECTION 4: SPOUSAL CONSENT

Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse, so please consult with a competent advisor prior to completing. If not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee/Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X _____ Date: _____

Witness:

X _____ Date: _____

SECTION 5: ACKNOWLEDGEMENT & SIGNATURE

By Signing this IRA Change of Beneficiary Form, I certify that the information I have provided is true, correct, and complete, and the Trustee/Custodian may rely on what I have provided. In addition, I assume all responsibilities for the elections I have made, including those related to naming a nonspouse beneficiary, if I am married. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Account Owner Signature:

X _____ Date: _____

Witness Signature:

X _____ Date: _____

This form can be emailed to invest@iPlanGroup.com, faxed to 440-815-2214, or mailed to 28011 Clemens Rd., Westlake, OH 44145.