

IRA Beneficiary Form

INSTANT ACCESS: Skip the form by going to your secure online portal to update your beneficiary elections.

I designate the following person(s) or entity(ies) below as my beneficiary(ies) to receive payment of the value of my retirement account upon my death.

All fields are required to avoid a delay in processing your request.

SECTION 1 CLIENT INFORMATION

<input type="text"/>							
Account Number							
<input type="text"/>			<input type="text"/>	<input type="text"/>			
First Name			M.I.	Last Name			
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="radio"/>	<input type="radio"/>
Social Security Number		Date of Birth (month / day / year)		Daytime Phone Number		Marital Status	
<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>
Mailing Address				City		State	Zip

SECTION 2 BENEFICIARY DESIGNATION

If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information. Percentage breakdown must equal 100%. If the Account Owner is married and designates someone other than his/her spouse as Primary Beneficiary, the notarized signature of the Account Owner's spouse is required.

<input type="radio"/>	<input type="radio"/>	<input type="text"/>					
		Beneficiary's Name (First, Middle, Last) or Entity Name (Trust)					
<input type="text"/>						<input type="text"/>	
Address (Street Address only. P.O. Boxes not accepted)						Apartment/Suite	
<input type="text"/>				<input type="text"/>	<input type="text"/>		
City				State	Zip		
<input type="text"/>		<input type="text"/>		<input type="text"/>			
Daytime Phone Number		Evening Phone Number		Email Address			
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		
Date of Birth (month / day / year)		Social Security Number		Percentage Share	Relationship to Account Owner		

<input type="radio"/>	<input type="radio"/>	<input type="text"/>					
		Beneficiary's Name (First, Middle, Last) or Entity Name (Trust)					
<input type="text"/>						<input type="text"/>	
Address (Street Address only. P.O. Boxes not accepted)						Apartment/Suite	
<input type="text"/>				<input type="text"/>	<input type="text"/>		
City				State	Zip		
<input type="text"/>		<input type="text"/>		<input type="text"/>			
Daytime Phone Number		Evening Phone Number		Email Address			
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		
Date of Birth (month / day / year)		Social Security Number		Percentage Share	Relationship to Account Owner		

<input type="radio"/>	<input type="radio"/>	<input type="text"/>					
		Beneficiary's Name (First, Middle, Last) or Entity Name (Trust)					
<input type="text"/>						<input type="text"/>	
Address (Street Address only. P.O. Boxes not accepted)						Apartment/Suite	
<input type="text"/>				<input type="text"/>	<input type="text"/>		
City				State	Zip		
<input type="text"/>		<input type="text"/>		<input type="text"/>			
Daytime Phone Number		Evening Phone Number		Email Address			
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		
Date of Birth (month / day / year)		Social Security Number		Percentage Share	Relationship to Account Owner		

SECTION 3 SIGNATURE & ACCEPTANCE

ACCOUNT OWNER SECTION

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the Custodian will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate. I understand that I may change or revoke this designation at any time my account is with FPS.

This Beneficiary Form will revoke any prior beneficiary designations made for this account. If I did not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

▶
Account Holder Signature

/ /
Date (month / day / year)

SPOUSE SECTION

(Required if the residence of the Account Owner is located in a community or marital property state.)

Spousal Waiver: By signing below, the spouse of the Account Owner acknowledges (1) that he/she is the spouse of the Account Owner; (2) that he/she has received a fair and reasonable disclosure of the Account Owner's property and financial obligations; (3) that he/she has been advised to see a tax professional due to the important financial and tax consequences of giving up his/her interest in the Account; and (4) that FPS as the custodian of the Account has not provided the Account Owner's spouse with any tax, legal, or investment advice. By signing below, the spouse of the Account Owner hereby gives the Account Owner any interest the spouse has in the assets of the Account; consents to the beneficiary designations indicated above; and assumes full responsibility for any adverse consequences that may result.

▶
Spouse Signature

/ /
Date (month / day / year)

Printed Name of Spouse

NOTARY SECTION

Signed before me _____ day of _____, 20_____.

▶
Notary Signature

/ /
Date (month / day / year)

Printed Name of Notary

County of _____ State of _____ Commission expiration date _____

Please fax the completed form to 720-739-4711 or mail to IPX Retirement c/o PCS Retirement 3000 Chestnut St Unit 7528

Philadelphia, PA 19101