



# Beneficiary Designation Form

Individual Retirement Account

This form should be used to designate or change beneficiaries on an existing retirement account only Traditional IRAs (including direct rollovers), Roth IRAs, SEP IRAs, or 403(b)(7)s. Please complete ALL sections to ensure proper and speedy processing.

**Please Print, Preferably with Black Ink**

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## Step One Account Information

ACCOUNT NUMBER

FUND NAME

NAME OF PLAN PARTICIPANT/ACCOUNT OWNER (FIRST, MIDDLE, LAST)

RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)

CITY, STATE, ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

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## Step Two Type of Distribution

As the Plan Participant, I hereby make the following Designation of Beneficiary in accordance with the State Street Bank and Trust Company Traditional IRA, Roth IRA, SEP IRA, or 403(b)(7) Custodial Account.

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries that survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his/her share is to be divided among the Primary Beneficiaries who survive me in the relative proportion assigned to each such surviving Primary Beneficiary.

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PROPORTION
				%
				%
				%
				%
<b>Proportion must equal 100%</b>				%

