IRA Designation of Beneficiary

P.O. Box 340134
Beavercreek, Ohio 45434-0134
(937) 912-7000
WPCU.coop

IRA Account Number _____

IRA Account Owner's Name

First Name | MI | Last Name | SSN

Home Phone | Mobile Phone | Work Phone | Ext. | Email

IRA Trustee's or Custodian's Name and Address

Wright-Patt Credit Union, Inc. | | (937) 912-7000
Trustee or Custodian Name | IRA Account Identification | Trustee or Custodian Phone Number

P.O. Box 340134 | Beavercreek | OH | 45431
Mailing Address | City | State | Zip

Designation of Beneficiary(ies)

I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this IRA and hereby revoke all prior beneficiary(ies) designations, if any, made by me. The balance of the account will be paid to the primary beneficiaries upon my death. If all primary beneficiaries die before my death, the balance in the account will be paid to the contingent beneficiaries. If a beneficiary dies before me, that individual's portion will be distributed on a pro-rata basis to the remaining beneficiaries within the same category (primary or contingent). If an individual is listed as both a primary and contingent beneficiary, the beneficiary will be designated as a primary beneficiary. If percentages are not assigned, or the total percentage for a category is greater than 100 percent, the beneficiaries within that category will share equal portions. If the total percentage for a beneficiary category is less than 100 percent, the remaining percentage will be divided equally among the beneficiaries within that category.

Name	Relationship	Address	SSN / TIN	Birthdate	Share %	Primary / Contingent

Spousal Consent - *Required if Residing in a Community or Marital Property State*

This section should be reviewed if either the trust or the residence of the IRA holder is located in a community or marital property state and the IRA holder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should seek legal advice and/or consult with a tax professional.

CURRENT MARITAL STATUS

○ I am not married - I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiary form.
○ I am married- I understand that if I chose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Spouse – Signature if Required | Date | Notary - Signature Required | Date

Signatures

I understand the eligibility requirements for the type of IRA contribution I am making, and I state that I do qualify to make the contribution. I have received a copy of the IRA Application, the applicable Custodial Account Agreement, the Financial Disclosure, and the Disclosure Statement. I understand that the terms and conditions that apply to this IRA are contained in this Application and the Custodial Account Agreement. I agree to be bound by those terms and conditions. Within seven days from the date I open this IRA, I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

IRA Account Owner | Date | Witness | Date