



137 Broad Street • Asheville, NC • 28801 • 1-866-7500-IRA(472)

## Beneficiary Designation Change Form

Use this form for all account types:  
 Roth • SEP • Simple • Traditional • Beneficiary  
 Traditional • Beneficiary Roth • HSA • ESA

**Use this form if you would like to change beneficiaries on your account.**

**1**

**Account Owner Name:**

**Account number:**

I designate the following person(s) named below as my Primary and/or Contingent Beneficiaries of my plan. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in the specified shares, as indicated. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in the specified shares, as indicated. If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate.

Beneficiary Name, Address, and Type				Beneficiary Birthdate, SSN, Relationship	Share % Must total 100%
1.	Primary	Contingent	Check if address is same as accountholder.	SSN: Birthdate: Relationship:	
	Name				
	Address				
	City	State	Zip		
2.	Primary	Contingent	Check if address is same as accountholder.	SSN: Birthdate: Relationship:	
	Name				
	Address				
	City	State	Zip		
3.	Primary	Contingent	Check if address is same as accountholder.	SSN: Birthdate: Relationship:	
	Name				
	Address				
	City	State	Zip		
4.	Primary	Contingent	Check if address is same as accountholder.	SSN: Birthdate: Relationship:	
	Name				
	Address				
	City	State	Zip		

### Account Owner Signature

**2**

I acknowledge that I may change or add beneficiaries at any time by completing and returning the *Beneficiary Designation Form*.

Signature of Participant:

Date:

**Spousal Consent (this section is only required if your spouse is not the primary beneficiary)**

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Please have your spouse sign this section if your spouse is not the primary beneficiary and all of these conditions apply:

- d. Your spouse is living;
- e. Your spouse is not the sole primary beneficiary named and;
- f. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA or WI).

I, the spouse of the account holder listed above, certify that I have reviewed the Beneficiary Designation and I am aware that I have a property interest in the account. I consent to the above designation of beneficiaries, other than myself as primary beneficiary. I also understand that, by signing this, I am giving up part or all of my rights to receive benefits under this plan in the event my spouse dies.

I,  
Designation listed above.

hereby agree to the Beneficiary

Signature of Spouse:

Date:

Note: Due to the important legal and/or tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor. American IRA, LLC disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account in the event of the spouse and/or participants death.

**Acceptance (For Office Use Only)**

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The American IRA, LLC Office has received this beneficiary designation form and recorded the requested changes.

Signature of American IRA, LLC Representative:

Date Accepted: