

IRA DESIGNATION OF BENEFICIARY

IRA NUMBER _____

STATE EMPLOYEES' CREDIT UNION LGFCU NCPAFCU

Type of IRA _____ (Traditional, Roth, CESA, SEP, Conduit, Beneficiary) Deposit Amount \$ _____

TYPE OF IRA CONTRIBUTION Prior Yr. _____ Current Yr. _____ SEP _____ Transf. _____ Rollover _____ Direct R/O _____
_____ New (Complete all information) _____ Change (Verify demographic data)

Name: _____

Address: _____

Home Phone No. () _____ Work Phone No. () _____ Dept. No. _____

Social Security No. _____ Date of Birth: _____ Gender: _____ Female _____ Male

DESIGNATION OF BENEFICIARY(IES)

I designate the individual(s) named below as my primary and contingent beneficiary (ies) of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me. I understand that I may change or add beneficiaries at anytime by completing and delivering the proper form to the Custodian. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rata basis.

The following individual(s) shall be my **PRIMARY BENEFICIARY(IES)**:

Name: _____ SSN: _____

Address: _____

Date of Birth: _____ Share (%) _____ Relationship: _____

Name: _____ SSN: _____

Address: _____

Date of Birth: _____ Share (%) _____ Relationship: _____

Name: _____ SSN: _____

Address: _____

Date of Birth: _____ Share (%) _____ Relationship: _____

CONTINGENT BENEFICIARY(IES) - If none of the Primary beneficiaries survive me, the following individual(s) shall be my beneficiary(ies)

Name: _____ SSN: _____

Address: _____

Date of Birth: _____ Share (%) _____ Relationship: _____

Name: _____ SSN: _____

Address: _____

Date of Birth: _____ Share (%) _____ Relationship: _____

IMPORTANT: Read before signing:

I understand the eligibility requirements for the type of IRA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Designation of Beneficiary form, 5305 Plan Agreement and Disclosure Statement. I understand the terms and conditions which apply to this Individual Retirement Account are outlined in the 5305 Plan Agreement and Disclosure Statement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this IRA (except a CESA) I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

I assume complete responsibility for:

1. Determining that I am eligible for an IRA each year I make a contribution.
2. Insuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution (including rollover contributions) and distributions.

ACCOUNTHOLDER SIGNATURE / DATE _____

WITNESSED BY / DATE _____

CREDIT UNION USE

Employee (Print Name) _____ SECU Branch _____

SECU 465 (2/02)

White - Credit Union Canary - Member