



IRA Beneficiary Designation

Client Services
 866.928.9394
 512.637.5739
 www.StrataTrust.com

Send to: (Please submit using one method)
 Email: AccountMaintenance@StrataTrust.com
 Fax: 512.495.9554
 US Mail: PO Box 23149, Waco, TX 76702
 Overnight: 7901 Woodway Drive, Waco, TX 76712

Use this form to add or change your beneficiary designation on your IRA.

Section 1		Account Information	
Accountholder Name		Account Number	
Address			
City		State	Zip
Social Security Number (Last 4 Digits Only)		Daytime Phone	
Email Address			
Account Type <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE			

Section 2		Beneficiary Information	
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The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If the primary or contingent box is not checked, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and the distribution percentages are not indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. If more than one contingent beneficiary is designated and the distribution percentage is not indicated, the beneficiaries will be deemed to share equally.

If any primary or contingent beneficiary dies before I do, 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. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA. If no primary or contingent beneficiary(ies) survive me, the remaining balance in my account shall be payable to my legal spouse, or if none, my estate.

Beneficiary Name and Address	Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship	Primary or Contingent	Share % Must total 100%
Name _____ Address _____ City _____ State _____ Zip _____ Country: <input type="checkbox"/> USA <input type="checkbox"/> Other				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name _____ Address _____ City _____ State _____ Zip _____ Country: <input type="checkbox"/> USA <input type="checkbox"/> Other				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name _____ Address _____ City _____ State _____ Zip _____ Country: <input type="checkbox"/> USA <input type="checkbox"/> Other				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name _____ Address _____ City _____ State _____ Zip _____ Country: <input type="checkbox"/> USA <input type="checkbox"/> Other				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Section 3

Spousal Consent

Complete this section if (1) Accountholder is married and has designated a Primary Beneficiary other than his/her spouse; and (2) this IRA includes property in which his/her spouse possesses a community property interest. As of July 1, 2017, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

Current Marital Status:

I am not married. I understand that if I become married in the future, I must complete a new Beneficiary Designation form.

I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the following consent.

I am the spouse of the above-named IRA Accountholder. 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 Accountholder 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 STRATA Trust Company.

Signature of Spouse

Date

Section 4

Signature

Accountholder must sign and date below

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to STRATA Trust Company ("STRATA") and that STRATA has provided no tax or legal advice to me regarding my beneficiary designations.



Signature of Account Holder

Date