

**VIP Services:** (888) 855-9856 | info@trustprovident.com  
7450 Arroyo Crossing Parkway, Suite 230, Las Vegas, NV 89113

*The term IRA will be used below to mean Traditional IRA, SEP IRA, Roth IRA, and SIMPLE IRA, unless otherwise specified. This form may only be used to supplement an IRA application or IRA beneficiary designation form to name more beneficiaries than can be accommodated on these forms. Complete additional addendums if necessary.*

## Section 1 IRA Owner Information

First Name  MI  Last Name

Email  Last Four Digits of Social Security Number  Account Number

Account Type (Select one)  Traditional IRA  SEP IRA  Roth IRA  SIMPLE IRA  Inherited Traditional IRA  Inherited Roth IRA

Form Type and Date (Select and attach the supplemented form)  
 Original IRA Application  IRA Beneficiary Designation Form Dated

## Section 2 Beneficiary Information

I designate the beneficiaries named below, in addition to the beneficiaries named on the attached form, as beneficiaries of this IRA.

**All fields must be completed.**

Primary  Contingent Share Percentage  % (Whole percentages only)

First Name  MI  Last Name

Address  City  State  Zip

Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

Primary  Contingent Share Percentage  % (Whole percentages only)

First Name  MI  Last Name

Address  City  State  Zip

Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

Primary  Contingent Share Percentage  % (Whole percentages only)

First Name  MI  Last Name

Address  City  State  Zip

Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

Primary    Contingent   Share Percentage  % *(Whole percentages only)*  
 First Name  MI  Last Name   
 Address  City  State  Zip   
 Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

Primary    Contingent   Share Percentage  % *(Whole percentages only)*  
 First Name  MI  Last Name   
 Address  City  State  Zip   
 Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

**If you are naming an entity (e.g., trust, estate, charity) as beneficiary, please complete the following information.**

Primary    Contingent   Share Percentage  % *(Whole percentages only)*  
 Name of Entity/Trust/Estate  Entity/Trust/Estate Tax ID  Date of Registration/Creation (mm/dd/yyyy)   
 Address  City  State  Zip   
 Trustee, Executor, or Authorized Signer Name

**NOTE:** The total share percentage indicated for primary beneficiaries and the total share percentage indicated for contingent beneficiaries must total 100%.

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this IRA

### Section 3 IRA Owner Authorization

I understand that I may replace my beneficiary designations at any time by completing and delivering an IRA Beneficiary Designation form to the custodian. The custodian has provided no tax or legal advice to me regarding my beneficiary designations. In addition, any applicable spousal consent is provided on the attached form.

**X** \_\_\_\_\_  
 IRA Owner Signature Date (mm/dd/yyyy)

### Congratulations! You are now able to submit your completed request.

Before submitting this form, please review all information prior to signing. When ready, mail, email, or fax this completed form to:

**Mail to:** Provident Trust Group  
 P.O. Box 123  
 Fort Washington, PA 19034

**Email to:** newaccounts@trustprovident.com

**Fax to:** (702) 253-7565