

This beneficiary designation overrides all previous designations for this IRA. The term IRA will be used to mean Traditional IRA, SEP IRA, Roth IRA, and SIMPLE IRA, unless otherwise specified.

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

Section 1 IRA Owner Information

First Name MI Last Name

Email Last Four Digits of Social Security Number Account Number

Account Type Traditional IRA Roth IRA SEP IRA SIMPLE IRA

Section 2 Beneficiary Information

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentages indicated will also be deemed to share equally. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no primary beneficiaries survive me, the contingent beneficiaries shall acquire the designated share of the account. If no beneficiaries are named, my estate will be my beneficiary.

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

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

Spousal Consent *(If applicable)*

Complete this section if you are married, have not named your spouse as your sole primary beneficiary, and are subject to the laws of the following community or marital property states: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI.

CURRENT MARITAL STATUS

- I Am Not Married – I understand that if I become married in the future, I should review the requirements for spousal consent.
- I Am Married – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby relinquish any interest that I may have in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

NOTE: Do not sign below until you are in the presence of the authorized notary providing the notary services.

X _____
Spouse's Signature Date (mm/dd/yyyy)

(Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)

STATE OF _____

COUNTY OF _____

SS:

This document was acknowledged before me on _____ (date) by _____ (name of spouse), who certifies the correctness of the signature of such spouse.

X _____
Signature of Notary Public Date (mm/dd/yyyy)

Notary Public's Name *(First, Middle Initial, Last)*

My commission expires *(Date (mm/dd/yyyy))* _____

Notary to Place Seal Here

Section 4

Account Owner Authorization

I understand that I may replace my beneficiary designations at any time by completing and delivering a Beneficiary Designation form to the custodian. The custodian has provided no tax or legal advice to me regarding my beneficiary designations.

I designate the persons or entities named above as my primary and/or contingent beneficiaries of this IRA. I hereby revoke all prior beneficiary designations, if any, made by me.

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