# SCHOOLSFIRST
## FEDERAL CREDIT UNION

# Individual Retirement Account (IRA)
# Beneficiary Designation

*This beneficiary designation overrides all previous designations for this IRA. Unless specified otherwise, the term IRA is used below to mean Traditional IRA, SEP, or Roth IRA.*

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## PART 1.    IRA OWNER

Name *(First/MI/Last)* _____

Social Security Number _____

Date of Birth _____ Phone _____

Email Address _____

Member Number _____

**ACCOUNT TYPE** *(Select one)*

☐ Traditional IRA        ☐ Roth IRA        ☐ SEP IRA

## PART 2.    IRA TRUSTEE OR CUSTODIAN

SchoolsFirst Federal Credit Union

Attn:  IRA Services          **Overnight Address:**

P.O. Box 11547              SchoolsFirst FCU

Santa Ana, CA 92711-1547   Attn: IRA Services

Phone: (800) 462-8328      1200 Edinger Ave.

Fax: (714) 258-4185        Tustin, CA 92780

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## PART 3.    BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. 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 beneficiaries are named, my estate will be my beneficiary.

**PRIMARY BENEFICIARIES**   *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA.)*

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

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City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____ Relationship _____

Tax ID *(SSN/TIN)* _____ Percent Designated _____

**Name Contingent Beneficiaries on Page 2**

Name of IRA Owner _____ , Member Number _____

**CONTINGENT BENEFICIARIES** *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)*

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
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Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

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

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**PART 4.    SPOUSAL CONSENT**

*Spousal consent should be considered if either the trust or the residence of the IRA owner is located in a community or marital property state.*

**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.

**X**_____ _____
Signature of Spouse                            Date *(mm/dd/yyyy)*

**PART 5.    SIGNATURES**

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper 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**_____ _____
Signature of IRA Owner                         Date *(mm/dd/yyyy)*

Witnessed and accepted by SchoolsFirst FCU as agent for custodian by:

_____ _____
Name of SchoolsFirst FCU Representative      Representative's User ID