

Inherited/Beneficiary Individual Retirement Account (IRA) Beneficiary Designation

The term Inherited IRA will be used below to mean an inherited Traditional IRA or Roth IRA, unless otherwise specified.

The term Inherited IRA Owner is used below to mean a beneficiary who is entitled to receive distributions from the original owner's account.

This beneficiary designation overrides all previous designations for this inherited IRA.

PART 1. INHERITED/ BENEFICIARY IRA OWNER		PART 2. INHERITED	PART 2. INHERITED/BENEFICIARY IRA TRUSTEE OR CUSTODIAN	
		SchoolsFirst Federal Credit Union		
Name (First/MI/Last)		Attn: IRA Services	Overnight Address:	
Social Security Number		P.O. Box 11547	SchoolsFirst FCU	
Date of Birth Phone		Santa Ana, CA 92711-154	7 Attn: IRA Services	
Email Address		Phone: 800.462.8328	1200 Edinger Ave.	
Account Number		Fax: 714.258.4185	Tustin, CA 92780	
INHERITED/BENEFICIARY ACCOUNT TYPE (Select one)		ORIGINAL OWNER		
	,	Name (First/MI/Last)		
☐ Traditional IRA	☐ Roth IRA	Date of Death		
PART 3. BENEFICIA	RY DESIGNATION			
terminates completely, and beneficiary.		ries will be increased on a pro rata bas	interest of any beneficiary that predeceases me iis. If no beneficiaries are named, my estate will be my is designated and no percentages are indicated, the	
beneficiaries will be deeme	d to own equal share percentages in the IRA.)			
	Relationship		Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name		Name		
Address		Address		
City/State/ZIP		City/State/ZIP		
	Relationship		Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name		Name		
Date of Birth		Date of Birth		
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name		Name		
	Relationship		Relationship	
	Percent Designated		Percent Designated	
Name		Name		
Address		Address		
City/State/ZIP		City/State/ZIP		
Date of Birth			Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	

CONTINGENT BENEFICIARIES on page 2

Name of IRA Owner	, Account Number
	must equal 100%. If more than one beneficiary is designated and no percentages are indicated IRA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries
Name	Name
Address	
City/State/ZIP	
Date of Birth Relationship	Date of Birth Relationship
Tax ID (SSN/TIN) Percent Designated	
Name	Name
Address	
City/State/ZIP	
Date of Birth Relationship	
Tax ID (SSN/TIN) Percent Designated	·
Name	Name
Address	Address
City/State/ZIP	City/State/ZIP
Date of Birth Relationship	Date of Birth Relationship
Tax ID (SSN/TIN) Percent Designated	Tax ID (SSN/TIN) Percent Designated
Name	Name
Address	Address
City/State/ZIP	
Date of Birth Relationship	Date of Birth Relationship
Tax ID (SSN/TIN) Percent Designated	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 add	ndum. Total number of addendums attached to this inherited IRA
PART 4. SPOUSAL CONSENT	PART 5. SIGNATURES
Spousal consent should be considered if either the trust or the resid inherited 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 t should review the requirements for spousal consent. I Am Married – I understand that if I choose to designate beneficiary other than or in addition to my spouse, my spouse is the location.	completing and delivering the proper form to the custodian. The custodian is 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 conting beneficiaries of this inherited IRA. I hereby revoke all prior beneficial designations, if any, made by me.
below. CONSENT OF SPOUSE	X Signature of Inherited/Beneficiary IRA Owner Date (mm/dd/yyyy)
I am the spouse of the above-named inherited IRA owner. I acknowledge received a fair and reasonable disclosure of my spouse's property a obligations. Because of the important tax consequences of giving up m this inherited IRA, I have been advised to see a tax professional.	natinave d financial
I hereby relinquish any interest that I may have in this inherited IRA and the beneficiary designation indicated above. I assume full responsible adverse consequences that may result.	
v	
X Signature of Spouse Date (mm/dd/yy,	·)