

**Section One: Participant Information**

Name		Social Security Number		Date of Birth	Member Number
Address		City		State	Zip
<input type="radio"/> Traditional IRA <input type="radio"/> Roth IRA		E-Mail Address	Marital Status <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Divorced		
Contact Number					

**Section Two: Designation of Beneficiary(ies)**

**Beneficiary Disclosure**

I hereby revoke any prior beneficiary designation made by me and designate the individuals named below as my Primary and Contingent Beneficiaries of this IRA. If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary.

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated).

**Section Three: Designation of Beneficiary(ies)**

Beneficiary Name: _____	SSN: _____	Relationship: _____	Date of Birth: _____	Share % _____	Select Status: <input type="radio"/> Primary <input type="radio"/> Contingent
Address: _____		City: _____		State: _____	Zip: _____
Beneficiary Name: _____	SSN: _____	Relationship: _____	Date of Birth: _____	Share % _____	Select Status: <input type="radio"/> Primary <input type="radio"/> Contingent
Address: _____		City: _____		State: _____	Zip: _____
Beneficiary Name: _____	SSN: _____	Relationship: _____	Date of Birth: _____	Share % _____	Select Status: <input type="radio"/> Primary <input type="radio"/> Contingent
Address: _____		City: _____		State: _____	Zip: _____
Beneficiary Name: _____	SSN: _____	Relationship: _____	Date of Birth: _____	Share % _____	Select Status: <input type="radio"/> Primary <input type="radio"/> Contingent
Address: _____		City: _____		State: _____	Zip: _____
Beneficiary Name: _____	SSN: _____	Relationship: _____	Date of Birth: _____	Share % _____	Select Status: <input type="radio"/> Primary <input type="radio"/> Contingent
Address: _____		City: _____		State: _____	Zip: _____

If I named a Beneficiary that is a Trust, I understand I must complete (or after my death, the executor of my estate) the Trust Beneficiary Certification Form. The Custodian/Trustee must receive such Trust Beneficiary Certification Form by the October 31st following the year of my death, in order for the beneficiary(ies) of the Trust to be considered designated beneficiary(ies) for purposes of determining payment periods.

\* To designate additional beneficiaries, please submit an additional Beneficiary form.

**Section Four: Consent of Spouse**

**Note:** Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.

I consent to my spouse's designation of another as a Primary Beneficiary indicated in section two and give to my spouse any interest I have in the funds deposited now or hereafter in this IRA Plan.

\_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date

**Section Five: Participant Signature**

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian.

**This form supersedes all prior Beneficiary form(s).**

\_\_\_\_\_ Participant Signature \_\_\_\_\_ Date

**Section Six: Witnessed and Accepted by SchoolsFirst FCU as Agent for Custodian By:**

SchoolsFirst FCU Representative Name	SchoolsFirst FCU Representative Signature	Date	Representative User ID
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For questions contact us at 800.462.8328 (option 1)

Fax to: 714.258.4262

Mail to: **SchoolsFirst FCU**  
**Attn: Member Retirement Services**  
**P.O. Box 11547**  
**Santa Ana, CA 92711-9756**