

Change of Beneficiary Form

- Use this form to add or change beneficiaries on your retirement account(s).
- Please print or type in black ink.
- Questions? Call (817) 217-8363

1. Account Information.				
Fund Family Name:				
Owner's Name:	Account Number:			
Mailing Address:	et.	City	State	Postal Code
Date of Birth:/		Social Securi	ty Number:	_//
Daytime Telephone Number:	()			
2. Change My Primary Ben	eficiary(ies) to:			
Name		Name		
Social Security Number	Date of Birth	Social Securi	ty Number	Date of Birth
Share % of Account	Relationship	Share % of A	Share % of Account Relationship	
3. Change My Contingent B	Beneficiary(ies) to:			
Name		- Name		
Social Security Number	Date of Birth	Social Securi	ty Number	Date of Birth
Share % of Account	Relationship	Share % of A	Share % of Account Relationship	

4. Spousal Consent.				
have not designated your spouse as applies. Neither the IRA Custodia responsible or liable for any conse	community property state, you may need to observe sole primary beneficiary. It is your responsion, the Fund Company, nor Mutual Sharehold quences resulting from your failure to provide sional for additional information and advice.	ibility to determine if this section er Services, LLC shall be		
of my spouse's property and finan- marital property interest in this IR. legal advice was given to me by the	ed IRA Owner. I acknowledge that I have reco cial obligations. Due to any possible consequ A, I have been advised to consult a tax profess the IRA Custodian, the Fund Company or Mut- ties) named in Sections 2 & 3 above and assum	nences of giving up my community or sional or legal advisor. No tax or ual Shareholder Services, LLC. I		
Signature of Spouse Date	Signature of Witness for Spouse	e Date		
5. Authorization.				
me in the proportions specified in	interest I have in my IRA to the designated pr Section 2 above. If any primary beneficiary party beneficiaries who survive me in the relation	predeceases me, his/her share will be		
If no primary beneficiary survives me, pay the contingent beneficiary(ies), if any, in the proportions specified in Section 3 above. If a contingent beneficiary predeceases me, his/her share will be divided among the remaining contingent beneficiaries who survive me in the relative proportions assigned to each surviving contingent beneficiary.				
amount remaining in my IRA will my residence). I also understand a contingent beneficiaries, and (ii) I	be distributed to my estate (unless otherwise and agree that: (i) this designation revokes any may change the beneficiaries designated above subsequent changes will be effective when prints agents.	required by the laws of the state of y prior designations of primary and we at any time by completing a new		
Signature of Owner		Date		
Please return this form to:				
(Fund Name) c/o Mutual Shareholder Services, LLC 8000 Town Centre Drive, Suite 400 Broadview Heights, OH 44147-4031	Or Via Overnight Delivery: 8000 Town Centre Drive, Suite 400 Broadview Heights, OH 44147-4031			

Mutual Shareholder Services, LLC serves as transfer agent for the Fund.

Telephone: (877) 217-8363 **Facsimile:** (440) 526-4446