

Section 1: Account Information

- Enter Primary Account Holder Name, and Social Security number.
- Enter your state of residence, marital status and check the type of IRA this designation is for.

Section 2: Designation of Beneficiary

- Check "P" if this person is to be a Primary Beneficiary or "C" if Contingent Beneficiary.
- Enter the full legal name, date of birth and SSN/TIN of each beneficiary.
- If the beneficiary listed is the primary account holder's spouse, check the "Yes" box.
- Enter a percentage of the account assets for each beneficiary. All shares for Primary Beneficiaries must equal 100% and all shares for contingent Beneficiaries must equal 100%.
- If the beneficiary is to have Rights of Representation, check the "Yes" box.

Section 3: Community/Marital Property State

- The community property/marital property subsection only needs to be signed when you are a married resident of one of the listed states and you did not name your spouse to receive at least 50% of your IRA account value.

Section 4: Signature

- Sign and date the form.

**Investment and insurance products and services including annuities are: NOT A DEPOSIT • NOT FDIC INSURED •
MAY LOSE VALUE • NOT BANK GUARANTEED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY**

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Products may not be available in all states.

Representative Name	Rep ID	Account #
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1. Account Information

Primary Account Owner Name	SSN/TIN			
State of Residence	<input type="checkbox"/> Married <input type="checkbox"/> Single/Divorced/Widowed	<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Traditional ABO IRA	<input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Roth IRA <input type="checkbox"/> Roth ABO IRA

2. Designation of Beneficiary (*Indicates all required fields.)

I authorize U.S. Bancorp Advisors, LLC., to revoke all previous beneficiary designations and replace with beneficiary designation on this page.

- Check "P" to indicate a Primary Beneficiary and "C" to indicate a Contingent Beneficiary.
- Share allocation among Primary Beneficiaries must equal 100%.
- Share allocation among Contingent Beneficiaries must equal 100%
- To split shares equally for beneficiaries (leave share section blank).

BENEFICIARIES

	Type*	Full Legal Name*	Date of Birth*	SSN/TIN	Is this your spouse?	Share*	Rights of Representation
1	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes
2	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes
3	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes
4	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes
5	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes
6	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes
7	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes
8	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes
9	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes
10	<input type="checkbox"/> P <input type="checkbox"/> C				<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes

3. Community/Marital Property State (Past or current residents of AZ, CA, ID, LA, NV, NM, TX, WA, WI, Puerto Rico and Guam.)

If you are married and you currently reside (or have resided) in a community property or marital property state, your IRA Account may be subject to community property or marital property laws. If you do not designate your spouse as Primary Beneficiary for at least half of your IRA Account, your spouse must consent in writing to the beneficiary designation. See your lawyer or other tax professional for additional information and advice.

I certify that I am the spouse of the Applicant. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community/marital property interest in this IRA account, I have been advised to seek tax or legal advice prior to signing this consent. I hereby consent to the beneficiary designation for this IRA account.

Signature of Account Holder's Spouse (if applicable)

Date

Primary Account Owner: _____

SSN/TIN: _____ Account #: _____

4. Signature

Primary Account Owner Signature	
Date (Not valid if not dated.)	