

## SIMPLE IRA BENEFICIARY DESIGNATION FORM

Use this form to indicate the person or persons to whom your retirement plan assets should be paid in the event of your death. If you are not survived by a validly designated beneficiary, your benefits will be paid to your estate. The beneficiaries named on this form and the percentage of distribution may be changed or revoked at any time by completing a new SIMPLE IRA Beneficiary Designation Form. This designation revokes any previous SIMPLE IRA beneficiary designations you may have filed with the Funds, its transfer agent or the custodian of your IRA and will become effective only upon receipt by the transfer agent as agent for the custodian.

### ACCOUNT OWNERSHIP

Account Owner's Name

Social Security Number

Daytime Phone Number

Upon my death, distribute any interest I may have in the accounts listed below to the following primary beneficiaries based on the percentages provided. If percentages are not indicated, distributions will be made equally to the primary beneficiaries that survive me. Secondary beneficiaries receive distributions only if there are no surviving primary beneficiaries. Distributions to secondary beneficiaries will be made according to the rules described above for primary beneficiaries.

All SIMPLE IRA Accounts under the above listed social security number will be updated.

### PRIMARY BENEFICIARIES (Please print clearly)

|        |                     |               |      |
|--------|---------------------|---------------|------|
| Name   | Relationship to You | Date of Birth | %    |
| Name   | Relationship to You | Date of Birth | %    |
| Name   | Relationship to You | Date of Birth | %    |
| Name   | Relationship to You | Date of Birth | %    |
| TOTAL= |                     |               | 100% |

### SECONDARY BENEFICIARIES (Please print clearly)

|        |                     |               |      |
|--------|---------------------|---------------|------|
| Name   | Relationship to You | Date of Birth | %    |
| Name   | Relationship to You | Date of Birth | %    |
| Name   | Relationship to You | Date of Birth | %    |
| Name   | Relationship to You | Date of Birth | %    |
| TOTAL= |                     |               | 100% |

  X    
Account Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse\*

\_\_\_\_\_  
Date

\* Only required if IRA owner lives in a community property state and the designated beneficiary is not the account owner's spouse. (The following are defined as community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)