



**Form Instructions:**

Use this form if you'd like to change beneficiaries on an existing account, including Traditional IRA, Roth IRA, SEP, SIMPLE, HSA and ESA.

**1. Who are your beneficiaries?**

**Account Owner Name:** Entrust Arizona

**Account number:** \_\_\_\_\_

*I designate the following person(s) named below as my Primary and/or Contingent Beneficiaries of my plan. If the Primary or Contingent 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, as 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, as indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate.*

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ SSN: _____
	Address: _____ Relationship: _____
	City: _____ State: _____ Zip: _____
	Date of Birth: _____ Share: _____ %
	<i>If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust</i>

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ SSN: _____
	Address: _____ Relationship: _____
	City: _____ State: _____ Zip: _____
	Date of Birth: _____ Share: _____ %
	<i>If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust</i>

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ SSN: _____
	Address: _____ Relationship: _____
	City: _____ State: _____ Zip: _____
	Date of Birth: _____ Share: _____ %
	<i>If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust</i>

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ SSN: _____
	Address: _____ Relationship: _____
	City: _____ State: _____ Zip: _____
	Date of Birth: _____ Share: _____ %
	<i>If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust</i>

**2. Account Owner Signature**

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

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Spousal Consent** (only required if your spouse is not the primary beneficiary-see note below).

The consent of spouse must be signed only if all of the following conditions are present:

- a. Your spouse is living;
- b. Your spouse is not the sole primary beneficiary named and;
- c. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA or WI).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Designation of Beneficiary form and I understand that I have a property interest in the account. I hereby acknowledge and consent to the above Designation of Beneficiary other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, \_\_\_\_\_ hereby consent to the above Beneficiary designation.

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

*(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.)  
Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Administrator disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.*

**4. Acceptance**

The Administrator acknowledges and accepts receipt of this IRA Beneficiary Designation or Change Form.

Authorized Signature of Administrator \_\_\_\_\_ Date Accepted \_\_\_\_\_