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Use this form to add or change a beneficiary designation on your STRATA Trust Company ("STRATA") IRA.

Any beneficiary assignments made will override any previous assignments. Refer to STRATA's [IRA Custodial Agreement](#) for more information.

Section 1 Accountholder Information

Accountholder Name		Account Number	
Social Security Number (Last 4 digits only)	Date of Birth	Cellular Phone	
Address of Record			
City	State	Zip	Email

Section 2 Beneficiary Designation Information

The following individual(s) or entity(ies) shall be the accountholders primary and/or contingent beneficiary(ies). If the primary or contingent box is not checked, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and the distribution percentages are not indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. If more than one contingent beneficiary is designated and the distribution percentage is not indicated, the beneficiaries will be deemed to share equally.

If any primary or contingent beneficiary dies before the accountholder, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rata basis. If no primary beneficiary(ies) survives the accountholder, the contingent beneficiary(ies) shall acquire the designated share of the IRA. If no primary or contingent beneficiary(ies) survives the accountholder, the remaining balance in the IRA account shall be payable to my legal spouse, or if none, the accountholders estate.

All fields are required and the total share percentage across all named beneficiaries must equal 100%.

Beneficiary (1)	Beneficiary Full Name	Phone		
	Select One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Email	Relationship	
	Date of Birth (MM/DD/YYYY)	SSN/EIN	Share _____ %	
	<input type="checkbox"/> Check here if the address is the same as accountholder, otherwise fill out the address information below			
Address		City	State	Zip
Beneficiary (2)	Beneficiary Full Name	Phone		
	Select One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Email	Relationship	
	Date of Birth (MM/DD/YYYY)	SSN/EIN	Share _____ %	
	<input type="checkbox"/> Check here if the address is the same as accountholder, otherwise fill out the address information below			
Address		City	State	Zip
Beneficiary (3)	Beneficiary Full Name	Phone		
	Select One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Email	Relationship	
	Date of Birth (MM/DD/YYYY)	SSN/EIN	Share _____ %	
	<input type="checkbox"/> Check here if the address is the same as accountholder, otherwise fill out the address information below			
Address		City	State	Zip
Beneficiary (4)	Beneficiary Full Name	Phone		
	Select One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Email	Relationship	
	Date of Birth (MM/DD/YYYY)	SSN/EIN	Share _____ %	
	<input type="checkbox"/> Check here if the address is the same as accountholder, otherwise fill out the address information below			
Address		City	State	Zip

Client Services 866.928.9394 | AccountMaintenance@StrataTrust.com | Online: www.StrataTrust.com/Service-Request

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Section 3 | Spousal Consent

Complete this section if (1) accountholder is married and has designated a primary beneficiary other than his/her spouse; and (2) this IRA includes property in which his/her spouse possesses a community property interest. As of July 1, 2017, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. If your spouse is not the sole primary beneficiary on the account, they will be required to sign the Spousal Consent Agreement. Due to the important tax consequences of giving up one's community interest, individuals signing this section should consult with a competent tax or legal advisor.

Current Marital Status:

- ☐ **I am not married.** I understand that if I become married in the future, I must complete a new Beneficiary Designation form.
- ☐ **I am married.** I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the following consent.

I am the spouse of the above-named IRA accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA Accountholder any interest I have in the funds of property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by STRATA.



Spouse Signature

Date

Section 4 | Terms and Conditions

I acknowledge that I may add or update beneficiary designations at any time by submitting a new STRATA Beneficiary Designation form. I further understand that STRATA does not provide legal or tax advice and that I am solely responsible for consulting with my own legal or tax advisor regarding the implications of my beneficiary designations.

By signing below, I certify that I have read and understand the beneficiary-related terms outlined in STRATA's IRA Custodial Agreement and agree to be bound by those provisions.



Accountholder Signature

Date

Form Submission Options

- Fax: 512.495.9554
- Email: AccountMaintenance@StrataTrust.com
- US Mail: PO Box 23149, Waco, TX 76702
- Overnight: 7901 Woodway Drive, Waco TX 76712