

## IRA Beneficiary Designation Form

Complete this form to update your beneficiary elections on your Columbia Threadneedle Investments IRA, Roth IRA, SEP IRA, SAR-SEP IRA, SIMPLE IRA or 403(b) plans. This form may also be used to update the beneficiary elections on your inherited Columbia Threadneedle Investments retirement account.

**By submitting this form, you will completely replace all prior beneficiary designations, if any, for the accounts indicated.**

### Part 1 Depositor Information: (Please type or print.)

IRA Depositor/Account Owner Name (First, Middle Initial, Last)			
<input type="text"/>			
Address			Apt/Lot/Unit
<input type="text"/>			<input type="text"/>
City		State	ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Daytime Phone Number	Social Security Number	Date of Birth (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Part 2 Account Information

The beneficiary designations provided on this form apply to: (Check A or B.)

A. All accounts under my Social Security number (includes IRAs, Roth IRAs, SEP IRAs, SAR-SEP IRA, SIMPLE IRAs, and 403(b)'s).

B. All accounts for the account type(s) indicated below:

IRA     Roth IRA     SEP IRA     SAR-SEP IRA     SIMPLE IRA     403(b)     Inherited IRA

**Note: If nothing is checked, this designation will apply to all IRAs and 403(b) plans under your Social Security number.**

### Part 3 Beneficiary Designation

Please read the information below prior to completing this section. The total percentage for primary designations must equal 100%. The total percentage for contingent beneficiary designations, if any, must equal 100%. You may wish to consult with a tax or financial advisor prior to designating or modifying your beneficiary(ies) for your account.

**Note: All beneficiary designations will be per capita. (Per capita means, if a designated beneficiary predeceases the IRA holder, then the deceased beneficiary's share passes to the other remaining designated beneficiaries who are living at the time of the IRA holder's death.)**

- I hereby designate the following beneficiary(ies) to receive any assets remaining in my account upon my death, based on the percentage allocations provided below.
- If no percentage allocation is provided for the primary beneficiary(ies) listed below, any remaining assets in my account shall be distributed to the surviving primary beneficiary(ies) in equal amounts.
- If no percentage allocation is provided for the contingent beneficiary(ies) listed below and no primary beneficiary(ies) survives me, any remaining assets in my account shall be distributed to the surviving contingent beneficiary(ies) in equal amounts.
- If there are no designated primary beneficiary(ies) living at the time of my death, any remaining assets in my accounts shall be distributed to the surviving contingent beneficiary(ies).
- If no primary or contingent beneficiary designation is in effect at the time of my death, or if all primary or contingent beneficiary(ies) have pre-deceased me, then my beneficiary shall be my estate.
- I reserve the right to change my beneficiary designation by filing an updated designation with the Custodian, which will supersede any prior designation(s).

For assistance completing this form, please contact a representative at 800.345.6611, Monday through Friday, 8:00 a.m. to 7:00 p.m. Eastern time.

**Part 3** **Beneficiary Designation** (continued)

**Select Primary or Contingent Status\*** (Select one)

Primary       Contingent

Whole Percentage

Date of Birth (MM/DD/YYYY)

Beneficiary Name\* Provide full name of Person, Trust, or Organization designated as beneficiary.

Trust Date\* If Trust named

Relationship\* Identify the relationship between this beneficiary and the owner.

Social Security Number

Address of Beneficiary

City

State

ZIP Code

**Select Primary or Contingent Status\*** (Select one)

Primary       Contingent

Whole Percentage

Date of Birth (MM/DD/YYYY)

Beneficiary Name\* Provide full name of Person, Trust, or Organization designated as beneficiary.

Trust Date\* If Trust named

Relationship\* Identify the relationship between this beneficiary and the owner.

Social Security Number

Address of Beneficiary

City

State

ZIP Code

**Select Primary or Contingent Status\*** (Select one)

Primary       Contingent

Whole Percentage

Date of Birth (MM/DD/YYYY)

Beneficiary Name\* Provide full name of Person, Trust, or Organization designated as beneficiary.

Trust Date\* If Trust named

Relationship\* Identify the relationship between this beneficiary and the owner.

Social Security Number

Address of Beneficiary

City

State

ZIP Code

**Select Primary or Contingent Status\*** (Select one)

Primary       Contingent

Whole Percentage

Date of Birth (MM/DD/YYYY)

Beneficiary Name\* Provide full name of Person, Trust, or Organization designated as beneficiary.

Trust Date\* If Trust named

Relationship\* Identify the relationship between this beneficiary and the owner.

Social Security Number

Address of Beneficiary

City

State

ZIP Code

Check here if you are using an attachment to provide a free-form beneficiary designation, the attachment must be signed and dated by the depositor or authorized individual of the account(s) and list all account numbers.

**\*Items marked with an asterisk are required.**

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## Part 4 Spousal Consent

**Note: Spousal consent is required if you name a beneficiary other than your spouse and you reside in a community or marital property state.**

This section should be reviewed if the depositor is married and designates a beneficiary other than their spouse. It is the depositor's responsibility to determine if this section applies. The depositor may need to consult with legal counsel. Neither the Custodian nor the Transfer Agent is liable for any consequences resulting from a failure of the depositor to provide proper spousal consent.

### Current marital status:

- I am not married** — I understand that if I become married in the future, I must complete a new IRA 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 below.
- I am the spouse of the above named depositor and 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 or marital property interest in this IRA, I have been advised to see a tax professional or legal adviser.
  - I hereby 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 the Custodian or Transfer Agent.

Print Name of Spouse

\_\_\_\_\_

Signature of Spouse

**X** \_\_\_\_\_

Date (MM/DD/YYYY)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name of Witness for Spouse

\_\_\_\_\_

Signature of Witness for Spouse

**X** \_\_\_\_\_

Date (MM/DD/YYYY)

\_\_\_\_/\_\_\_\_/\_\_\_\_

## Part 5 Depositor's Authorization

This designation is not effective until it is duly executed and filed with the Custodian, upon which it revokes and/or amends any prior designation of beneficiaries.

If the depositor is a minor under the laws of the depositor's state or residence, a parent or guardian must also sign this form. Until the depositor reaches the age of majority, the parent or guardian will exercise the power and duties of the depositor.

Print Name of IRA Depositor/Account Owner or Authorized Individual

\_\_\_\_\_

Print Name of Parent or Guardian (If Depositor is a Minor)

\_\_\_\_\_

Signature of IRA Depositor/Account Owner or Authorized Individual

**X** \_\_\_\_\_

Signature of Parent or Guardian

**X** \_\_\_\_\_

Capacity (if applicable)

\_\_\_\_\_

Date (MM/DD/YYYY)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Capacity (if applicable)

\_\_\_\_\_

Date (MM/DD/YYYY)

\_\_\_\_/\_\_\_\_/\_\_\_\_

## Part 6 Return Instructions

Regular mail Columbia Management Investment Services Corp.  
P.O. Box 8081  
Boston, MA 02266-8081

Overnight mail Columbia Management Investment Services Corp.  
c/o Boston Financial Data Services  
30 Dan Road, Suite 8081  
Canton, MA 02021-2809

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Columbia Threadneedle Investments (Columbia Threadneedle) is the global brand name of the Columbia and Threadneedle group of companies. Columbia Management Investment Services Corp. is the transfer agent for Columbia Funds.

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CT-FR/247013 H (02/17)

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