



## 2 Beneficiary designation (All fields required)

I designate that upon my death, the assets in this account shall be paid to the beneficiary or beneficiaries designated below. The interest of any beneficiary that predeceases me shall terminate completely, and such interest shall be allocated by increasing the percentage interest of any remaining beneficiaries on a pro rata basis. If no beneficiaries are named or all of my primary and contingent beneficiaries predecease me, my estate will be my beneficiary.

### Primary beneficiaries

(The total percentage designated for all primary beneficiaries of this IRA must equal 100%. Use whole numbers when indicating the percentage for the beneficiary(ies). If more than one beneficiary is designated and no percentages are provided, the beneficiaries will be deemed to own equal share percentages in the IRA.)

\_\_\_\_\_  
First name/trust name/entity (M.I.)

\_\_\_\_\_  
Last name/trust name/entity

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security or taxpayer identification number      \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ Birth date or date of trust (mm/dd/yyyy)

\_\_\_\_\_  
Address (We cannot accept a PO box)

\_\_\_\_\_  
City State ZIP code

Relationship     My spouse     My child     My relative     Other

\_\_\_\_-\_\_\_\_-\_\_\_\_ %  
Percent designated

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\_\_\_\_\_  
First name/trust name/entity (M.I.)

\_\_\_\_\_  
Last name/trust name/entity

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security or taxpayer identification number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth date or date of trust (mm/dd/yyyy)

\_\_\_\_\_  
Address (We cannot accept a PO box)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_-\_\_\_\_-\_\_\_\_  
ZIP code

Relationship  My spouse  My child  My relative  Other

\_\_\_\_-\_\_\_\_-\_\_\_\_ %  
Percent designated

**1 0 0 %**  
Total percentage of all primary beneficiaries



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\_\_\_\_\_  
First name/trust name/entity (M.I.)

\_\_\_\_\_  
Last name/trust name/entity

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_      \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security or taxpayer identification number      Birth date or date of trust (mm/dd/yyyy)

\_\_\_\_\_  
Address (We cannot accept a PO box)

\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
City      State      ZIP code

Relationship     My spouse     My child     My relative     Other

\_\_\_\_ %  
Percent designated

  1  0  0   %  
Total percentage of all contingent beneficiaries

Check here if additional beneficiaries are listed on an attached Beneficiary Designation Addendum. Total number of addendums attached to this IRA \_\_\_\_\_

### 3 IRA owner signature

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to OregonSaves. Neither the IRA custodian nor OregonSaves has provided tax or legal advice to me regarding my beneficiary designations.

I designate the individuals or entities named above as my primary and/or contingent beneficiaries of this IRA. I hereby revoke all prior beneficiary designations, if any, made by me.

\_\_\_\_\_  
Signature of IRA owner

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
Date (mm/dd/yyyy)

### 4 Spousal consent

**Skip this section unless you live in one of the following states: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.** If you reside in one of these states, are married at the time of your death, and designate someone other than or in addition to your spouse, you must obtain your spouse's consent or your IRA may be payable to your spouse upon your death.

#### Current marital status

- I am not married** – I understand that if I become married in the future, I should review the requirements for spousal consent.
- I am married** – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse may need to sign below.

#### Consent of spouse

I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a qualified tax professional.

I hereby relinquish any interest that I may have in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result. **Note:** *Do not sign below until you are in the presence of the authorized notary providing the notary service.*

\_\_\_\_\_  
Signature of spouse

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
Date (mm/dd/yyyy)

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(Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)

STATE OF \_\_\_\_\_  
State

COUNTY OF \_\_\_\_\_  
County

This document was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_ ,  
Date Name of spouse

who certifies the correctness of the signature of such spouse.

\_\_\_\_\_  
Signature of notary Date (mm/dd/yyyy)

\_\_\_\_\_  
Notary public's name (First, middle Initial, last)

My commission expires:

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Notary to place seal here**