

# IRA Beneficiary Addition/Change Form

Please mail completed form to:  
State Street Global Advisors  
c/o U.S. Bank Global Fund Services  
PO Box 219238  
Kansas City, MO 64121-9238

**Important Notice:** This designation will not be in force unless it is signed and received by Elfund Funds at the address above or before the death of the IRA Grantor (shareholder). The terms, provisions, and limitations of the Disclosure Statement and Custodial Agreement, as amended from time to time, are controlling at all times and govern the rights of the Grantor and any beneficiaries. The Custodial Agreement is available upon request by calling 800-242-0134.

Unless otherwise noted, payments upon death will be made to the primary beneficiary(ies) first. The secondary beneficiary(ies) inherit only if all primary beneficiaries are deceased or disclaim their inheritance.

Trusts must also meet certain IRS-specified conditions to be an eligible beneficiary. Consult your tax advisor to see whether your trust meets these requirements.

## 1. Account Information

Account Number

Account Number

Account Number

Name of Taxable Owner

Social Security Number

## 2. Beneficiary Designation

*All beneficiaries must be named, as we cannot properly determine beneficiaries such as "children", or "spouse". If you need more space, please attach a separate sheet.*

### Primary:

Name Relationship Percentage %

Date of Birth (MM/DD/YYYY)

Social Security / Tax ID Number

City / State / Zip Code

Name

Relationship

Percentage

%

Date of Birth (MM/DD/YYYY)

Social Security / Tax ID Number

City / State / Zip Code

### Secondary:

Name

Relationship

Percentage

%

Date of Birth (MM/DD/YYYY)

Social Security / Tax ID Number

City / State / Zip Code

Name

Relationship

Percentage

%

Date of Birth (MM/DD/YYYY)

Social Security / Tax ID Number

City / State / Zip Code

### 3. Spousal Consent

If you have named someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X

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

\_\_\_\_\_  
Date (MM/DD/YYYY)

Check this box if you reside in a community or marital property state and are unmarried or do not have a surviving spouse.

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### 4. Signature

I have read and understand the Disclosure Statement and Custodial Agreement. By signing this form, I hereby revoke all prior designations of beneficiary(ies) and designate the beneficiary(ies) listed in Section 2 to receive my Individual Retirement Account (IRA) assets upon my death.

X

\_\_\_\_\_  
Signature of IRA Account Owner

\_\_\_\_\_  
Date (MM/DD/YYYY)