



# IRA BENEFICIARY DESIGNATION FORM

**Overnight Delivery:**  
Paydenfunds  
803 W. Michigan St., Suite A  
Milwaukee, WI 53233-2301

**Regular Mail:**  
Paydenfunds  
P.O. Box 1611  
Milwaukee, WI 53201-1611

Complete this form to add or change beneficiary information on your existing IRA account(s).

- Complete and submit a separate IRA Beneficiary Designation Form for each type of IRA account (i.e. Roth IRA, Traditional IRA, SEP-IRA).
- Beneficiary designations will only apply to the account(s) listed in Section 1, or any new accounts established by subsequent exchange from one of the accounts.
- When making a beneficiary change, you must change or confirm both your primary and contingent beneficiary designations. Leaving a section blank constitutes an update and will delete any primary or contingent beneficiaries, as applicable, for the account(s) listed in Section 1.

## 1. INVESTOR INFORMATION

Name Social Security Number Date of Birth

Address

City State Zip Phone Number

**This beneficiary election is for the following accounts:**

Fund Account Number

Fund (optional) Account Number

Fund (optional) Account Number

## 2. PRIMARY BENEFICIARY(IES)

The beneficiary's name and SSN/TIN are required for the Custodian to consider the beneficiary designation to be in good form. Beneficiary designations received without this information will not be considered received in good form. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom beneficiary designation(s) have been received in good form. Unless otherwise indicated, The Paydenfunds will assume equal beneficiary distribution if more than one primary beneficiary is designated. The sum of the percentages for all primary beneficiaries must equal 100%. If you wish to name more than two primary beneficiaries, please attach a separate sheet with all of the requested information for each beneficiary.

Name/Trust Name Date of Birth/Trust Date

Street Address

City State Zip Phone Number

Social Security Number/Tax ID Relationship % of Account

Name/Trust Name Date of Birth/Trust Date

Street Address

City State Zip Phone Number

Social Security Number/Tax ID Relationship % of Account

### 3. CONTINGENT BENEFICIARY(IES)

Contingent Beneficiaries are individual(s) or entity(ies) who will receive the IRA funds upon the death of the IRA owner and the primary beneficiary(ies). The beneficiary's name and SSN/TIN are required for the Custodian to consider the beneficiary designation to be in good form. Beneficiary designations received without this information will not be considered received in good form. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom beneficiary designation(s) have been received in good form. Unless otherwise indicated, The Paydenfunds will assume equal beneficiary distribution if more than one contingent beneficiary is designated. The sum of the percentages for all contingent beneficiaries must equal 100%. If you wish to name more than two contingent beneficiaries, please attach a separate sheet with all of the requested information for each beneficiary.

Name/Trust Name		Date of Birth/Trust Date	
Street Address			
City	State	Zip	Phone Number
Social Security Number/Tax ID		Relationship	% of Account

Name/Trust Name		Date of Birth/Trust Date	
Street Address			
City	State	Zip	Phone Number
Social Security Number/Tax ID		Relationship	% of Account

### 4. AUTHORIZED SIGNATURE

I hereby designate the individual(s) named above as the beneficiary(ies) of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the custodian.

Signature of Account Owner \_\_\_\_\_ Date \_\_\_\_\_

#### Spousal Consent (if applicable)

Consent of Spouse: Spousal consent is required in community property and marital property states where an IRA depositor wishes to name a beneficiary other than, or in addition to, his/her spouse. A participant who resides in a community property or marital property state must sign the consent below.

I hereby consent to and join in the designation of the beneficiary listed on this form. I give the participant any interest I have in the funds contributed to this account.

Signature of Spouse (if applicable) \_\_\_\_\_ Date \_\_\_\_\_