



Account Number _____

Rep ID _____ Alternate Branch _____

IRA/SEP/SIMPLE BENEFICIARY CHANGE REQUEST

SECTION ONE: CLIENT INFORMATION

Name and Address	SSN
	Date of Birth

Custodian: RBC Capital Markets, LLC.

SECTION TWO: BENEFICIARY INFORMATION

I revoke all previous beneficiary designations made by me with respect to this Individual Retirement Account, and I direct that all benefits to which I may be entitled under this Individual Retirement Account shall be paid as follows upon my death:

Relationship Definitions: S=Spouse N=Nonspouse E=Entity T=Trust (Mark one in the box provided.)

At each Beneficiary designation, indicate if such Beneficiary dies before you, how their portion should be paid:

Pro Rata – To the remaining primary Beneficiaries named on this form proportionate to their relative percentages (or if there are no remaining primary Beneficiaries, to the contingent Beneficiaries listed).

Per Stirpes – Equally to such Beneficiary’s descendants, who survive you, by right of representation.

Please note, if no selection is made the Pro Rata designator will apply.

Beneficiary Name and Address	<input type="checkbox"/> Primary	Relationship	SSN/EIN
	<input type="checkbox"/> Contingent	Date of Birth	%
	<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes		
Beneficiary Name and Address	<input type="checkbox"/> Primary	Relationship	SSN/EIN
	<input type="checkbox"/> Contingent	Date of Birth	%
	<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes		
Beneficiary Name and Address	<input type="checkbox"/> Primary	Relationship	SSN/EIN
	<input type="checkbox"/> Contingent	Date of Birth	%
	<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes		
Beneficiary Name and Address	<input type="checkbox"/> Primary	Relationship	SSN/EIN
	<input type="checkbox"/> Contingent	Date of Birth	%
	<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes		
Beneficiary Name and Address	<input type="checkbox"/> Primary	Relationship	SSN/EIN
	<input type="checkbox"/> Contingent	Date of Birth	%
	<input type="checkbox"/> Pro Rata <input type="checkbox"/> Per Stirpes		



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SECTION TWO: BENEFICIARY INFORMATION CONTINUED

Restriction: This beneficiary designation is subject to all of the terms and provisions of the Individual Retirement Account. This beneficiary designation shall be effective only if received and accepted by the Custodian prior to my death.

Right to Revoke: I reserve the right to change my beneficiary(ies) by filing another beneficiary designation.

For additional beneficiaries, see attached form.

SECTION THREE: SIGNATURES

Client Signature	Date	Print Name
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Witness (for client signature)	Date	Print Name
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Custodian Acceptance:



SECTION FOUR: CONSENT OF SPOUSE

I consent to the above beneficiary designation.

(NOTE: Consent of your spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to your spouse.)

DISCLAIMER FOR COMMUNITY AND MARITAL PROPERTY STATES: Your spouse may have a property interest in your account and the right to dispose of the interest by Will. Therefore, the Custodian disclaims any warranty as to the effectiveness of your beneficiary designation or as to the ownership of the Account after the death of your spouse. For additional information, please consult your legal advisor.

Spouse Signature	Date	Print Name
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Or Marital Status: I certify at the time of signing, I am not married.

Client Signature	Date	Print Name
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Notary Signature (for either choice above)	Date	Seal Here
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