

IRA/HSA BENEFICIARY DESIGNATION	IRA/HSA <input checked="" type="checkbox"/> TRUSTEE <input type="checkbox"/> CUSTODIAN Apple Bank 122 E 42nd St New York, NY 10168
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Inherited Traditional IRA <input type="checkbox"/> Inherited Roth IRA <input type="checkbox"/> Health Savings Account	

Use the *IRA/HSA Beneficiary Designation* to name or replace the beneficiaries for Traditional, Roth, SEP, and SIMPLE IRAs, and Health Savings Accounts and, if applicable, Inherited IRAs. This beneficiary designation supersedes all prior designations for this IRA Account/Plan.

ACCOUNT OWNER INFORMATION

Name: .

Mailing Address:

IRA Account/Plan Number:

Taxpayer ID Number:

D.O.B.:

Primary Phone:

Email Address:

☐ Check to indicate that the mailing address is different than the Account Owner's residential address.

BENEFICIARY DESIGNATION

Designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA/HSA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the IRA/HSA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The interest of any beneficiary that predeceases the IRA/HSA Owner terminates completely, and the share percentage of any remaining beneficiaries will be increased on a pro rata basis. You may revoke or change the beneficiary designation at any time by completing a new *IRA/HSA Beneficiary Designation* form and providing it to the Trustee/Custodian.

Note: The combined percentages of all primary beneficiaries must equal 100% and the combined percentages of all contingent beneficiaries must equal 100%.

Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Share Percentage: % Name: Address: Phone: Tax ID Number: Date of Birth: Relationship to Account Owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Nonspouse	Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Share Percentage: % Name: Address: Phone: Tax ID Number: Date of Birth: Relationship to Account Owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Nonspouse
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☐ IRA/HSA Beneficiary Addendum attached and signed for additional beneficiaries.

SPOUSAL CONSENT

IRA/HSA owners who reside in or whose IRA/HSA is located in a community or marital property state should review this section.

This section may have important tax consequences to you and your spouse. It is your responsibility to determine whether spousal consent is necessary and therefore you should seek the guidance of a tax or legal professional prior to completing.

☐ I Am Not Married – I understand that if I become married in the future, I must complete a new beneficiary designation form that includes the spousal consent provisions.

☐ I Am Married – I understand that if I designate a primary beneficiary other than my spouse, my spouse must sign below.

Consent of Spouse. By signing below, I acknowledge that I am the spouse of the TFA owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me on this IRA/HSA Beneficiary Designation or attached IRA/HSA Beneficiary Addendum. I understand that with my consent I transfer my community property interest in this TFA to my spouse as his or her separate property. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee/Custodian has not provided me any legal or tax advice.

Signature

of X

Spouse

Witness X

Date

Date

ACKNOWLEDGMENT

By signing this *IRA/HSA Beneficiary Designation*, I certify that the information I have provided is true, correct, and complete, and the Trustee/Custodian may rely on what I have provided. I understand that this IRA/HSA Beneficiary Designation supersedes all prior designations for the IRA/HSA identified above. In addition, I assume all responsibilities for the elections I have made, including those related to naming a nonspouse beneficiary, if I am married. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Signature

of X

Account
Owner

Date

Signature of

IRA/HSA

Trustee/Custodian
Representative

X Apple Bank for Savings

12/21/2022

Date