

Beneficiary Change Form

1 Account Information	
Your Name:	American IRA Account Number:

2 Change of Information						
<p>I hereby designate those individuals or entities listed below as my primary and/or contingent beneficiary(ies). If I fail to designate a beneficiary as “primary” or “contingent” the named individual or entity will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiary(ies) who survive me, in the distribution percentages indicated below. Where more than one Primary Beneficiary is designated, and no distribution percentages are indicated, the beneficiary(ies) will be deemed to own equal distribution percentages in my Custodial Account. If none of the Primary Beneficiary(ies) survive me, the balance in the account shall be paid to the Contingent Beneficiary(ies), who survive me, in the distribution percentages indicated below. If a named beneficiary is a Trust, it shall be my responsibility to provide Custodian and/or Administrator any and all information necessary to identify the Trust and administer distributions to the Trust, if any. If any primary beneficiary(ies) die before I do, such beneficiaries’ interest, and any claimed interest of said beneficiary(ies’) heirs, shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased on a prorate basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire their designated share of my Custodial Account. If any contingent beneficiary(ies) die before I do, such contingent beneficiary(ies’) interest, and any claimed interest of said beneficiary(ies’) heirs, shall terminate completely, and the percentage share of any remaining contingent beneficiary(ies) shall be increased on a prorate basis.</p>						
Name (first, middle, last) Address (including country of residence)	Date of Birth (mm/dd/yyyy)	Social Security Number	Country of Citizenship	Relationship	Primary or Contingent?	Share %
1.						
2.						
3.						
4.						
5.						
6.						

3 Signature and Acknowledgement	
<p>By my signature below, I confirm that I have read and consent to the terms of this document and I further acknowledge that I have read and consent to the terms of the New Account Application, Custodial Agreement (Form 5305, 5305-A, 5305-RA, 5305-SA, 5305-SEP, 5305-C or 5305-EA, as application, “collectively referred to as “5305” or 401K Plan Agreement (“Sponsored Plan”) as applicable, Fee Schedule, Account Disclosure Statement and any other documents that govern my Custodial Account or Sponsored Plan, as such documents are currently written, or as they may be amended from time to time, (the “Documents”), which are incorporated by reference herein. (In the event of a conflict between the Documents and the 5305 and/or Sponsored Plan applicable to my Custodial Account, the 5305 or Sponsored Plan shall govern).</p>	
<p>Print Name: _____</p>	
<p>Your Signature: _____ Date: _____</p>	