

# TRADITIONAL IRA DESIGNATION OF BENEFICIARY FOR VOLUNTARY ACCOUNTS



The Designation of Beneficiary, change in designation, or revocation of designation is not effective until it has been received and accepted by the Custodian.

Name of Owner _____	Social Security Number _____
Traditional IRA Master Account Number ( _____ ) _____	/                      /
Phone Number _____	Birth Date _____

In accordance with the Disclosure Statement and Custodial Agreement and subject to the conditions set forth below, I hereby designate the individual(s) listed below as the beneficiary(ies) of all of my First Investors voluntary Traditional Individual Retirement Accounts which exist under this Master Account Number ("Accounts") as of the date of my death.

I understand that this Designation may be expressly revoked by my filing with the Custodian a subsequent Traditional IRA Designation of Beneficiary. List additional beneficiaries on reverse side if necessary.

### PRIMARY BENEFICIARY(IES)

Name _____	Name _____
Percentage _____	Percentage _____
Street Address _____	Street Address _____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
Relationship _____ Beneficiary Social Security # _____ Birth Date _____	Relationship _____ Beneficiary Social Security # _____ Birth Date _____

### CONTINGENT BENEFICIARY(IES)

Name _____	Name _____
Percentage _____	Percentage _____
Street Address _____	Street Address _____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
Relationship _____ Beneficiary Social Security # _____ Birth Date _____	Relationship _____ Beneficiary Social Security # _____ Birth Date _____

In the event of my death, payment of the balance of my Accounts shall be made to my Primary Beneficiaries, named above, who survive me. Unless I have indicated otherwise, payment to my Primary Beneficiaries shall be made in equal shares. If no Primary Beneficiary survives me, then payment of the balance of my Accounts shall be made to my Contingent Beneficiaries, named above, who survive me. Unless I have indicated otherwise, payment to my Contingent Beneficiaries shall be made in equal shares.

This Designation revokes all prior designations of beneficiaries made by me with respect to any or all of my Accounts. I reserve the right to revoke this Designation, by filing a subsequent Beneficiary Designation with the Custodian. This Designation, and any revocation of this Designation, shall be given effect only if received and accepted by the Custodian prior to my death.

**OWNER SIGNATURE** (Note: If additional beneficiaries are listed on the reverse side, both sides must be signed by the First Investors account owner.)

**X**  
 Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

### SPOUSAL CONSENT

Check one:  I am married.     I am not married.

If you are married and you designate a Primary Beneficiary other than your spouse, this Beneficiary Designation may not be effective under your state law without the consent of your spouse. Please consult your own legal adviser. If you are married and you do not get spousal consent, we will rely on this form as a representation to us that spousal consent is not necessary in your state.

By signing below, I expressly consent to the above designation of a Primary Beneficiary.

Name of Spouse (Print) _____	<b>X</b>
	Signature of Spouse _____ Date _____

Print Name of Owner \_\_\_\_\_

Social Security Number \_\_\_\_\_

**ADDITIONAL PRIMARY BENEFICIARY(IES)**

Name \_\_\_\_\_ Percentage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship Beneficiary Social Security # Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Percentage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship Beneficiary Social Security # Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Percentage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship Beneficiary Social Security # Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Percentage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship Beneficiary Social Security # Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ADDITIONAL CONTINGENT BENEFICIARY(IES)**

Name \_\_\_\_\_ Percentage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship Beneficiary Social Security # Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Percentage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship Beneficiary Social Security # Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Percentage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship Beneficiary Social Security # Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Percentage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship Beneficiary Social Security # Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OWNER SIGNATURE FOR ADDITIONAL BENEFICIARIES**

*(Note: If additional beneficiaries are listed above the First Investors account owner must sign below & also on the reverse side.)*

**X**  
Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_