Financial Institution Name
Branch Name or Number
Institution ID # / Participant ID #

IRA CHANGE OF BENEFICIARY

GENERAL INFORMATION (please print or type)						
Participant Name						
Participant Mailing Address						
City	State		Zip			
Social Security Number (SSN)	Date of Birth					
Phone Number	Type of IRA:	☐ Traditional IRA	☐ SEP IRA	☐ Roth IRA		

BENEFICIARY INFORMATION

An Account Owner's beneficiary designation must be on record with the trustee or financial institution prior to his/her death to be considered an effective designation.

I hereby designate the persons named herein as primary and contingent beneficiaries to receive my interest in this IRA according to the terms of the IRA Plan and Trust Agreement, hereby revoking any such prior designations made by me. I understand that, under the terms of the IRA Plan and Trust Agreement, upon my death, my surviving Primary Beneficiary(ies) each will be entitled to name their own beneficiary(ies) for any IRA assets to which each such Primary Beneficiary became entitled upon my death, that remain in the IRA upon the death of such Primary Beneficiary(ies). If any Primary Beneficiary dies before my death, the IRA will pass upon my death to my remaining Primary Beneficiary(ies), if any, based on their proportional interests as specified below. If all of my Primary Beneficiaries die before my death, the IRA will pass to the Contingent Beneficiary(ies) named below.

The total percentage for each level of beneficiary, both primary and contingent, must equal 100%. If your beneficiary designation request for each level of beneficiary does not total 100%, LT Trust Company, Inc (LT Trust) will correct any excess or short-fall percentage allocation by applying the ratio of the percentage actually allocated among the beneficiaries at each level.

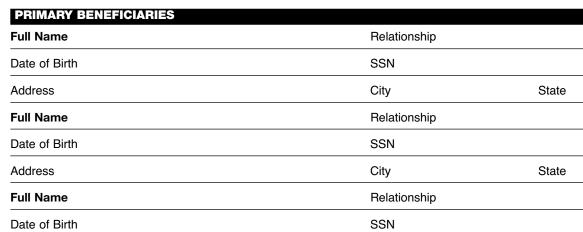
NOTE: You may designate as many beneficiaries, contingently, or successively as you wish. Use additional sheets if necessary, and provide for each beneficiary the information requested in the following format:

Percentage

Zip

Percentage

Zip



Date of Birth	SSN		Percentage	%
Address	City	State	Zip	
CONTINGENT BENEFICIARIES				
Full Name	Relationship			
Date of Birth	SSN		Percentage	%
Address	City	State	Zip	
Full Name	Relationship			
Date of Birth	SSN		Percentage	%
Address	City	State	Zip	
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IR	A CHANGE OF BENEFICIARY			
CONTINCENT REVELLIABLES CONTINUE	.1			
CONTINGENT BENEFICIARIES, Continue Full Name	Relationship			
	i leiationship			
Date of Birth	SSN		Percentage	%
Address	City	State	Zip	
SPOUSAL CONSENT				
(for use in community or marital property states	s)			
This section, if applicable, must be signed a	nd dated by the spouse of the Account Ov	vner.		
1. If the Account Owner is married and has des	signated any Primary Beneficiary other than h	is/her spouse	; and	
	include property in which his/her spouse po- inting the community property states are Ariz nsin.) Please consult with your legal advisor to	ona, Californi	a, Idaho, Louisiana	, Nevada
I, the undersigned spouse of the Account Owner to whether I survive or predecease my spouse.	r named above, hereby consent to and accept	the beneficia	ry designation witho	out regard

Date

ACCOUNT OWNER ACKNOWLEDGEMENT

[Seal]

Spouse Signature X

I acknowledge that this beneficiary designation supersedes any and all prior beneficiary designation previously provided. This designation shall be in effect until I otherwise notify the Trustee or Financial Institution in writing.

Signature of Participant X

Name of Participant (please print or type)