

IRA BENEFICIARY DESIGNATION

This beneficiary designation overrides all previous designations for all IRA shares/IRA certificates under the listed account number.
The term IRA will be used below to mean Traditional IRA, Roth IRA, and SEP IRA.

IRA OWNER

Name (First/MI/Last) _____
Social Security Number _____
Date of Birth _____ Phone _____
Email Address _____
Account Number _____

ACCOUNT TYPE (Select one)

☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA

IRA CUSTODIAN

Name NASA Federal Credit Union
Address Line 1 500 Prince George's Blvd
Address Line 2 _____
City/State/ZIP Upper Marlboro, MD 20774
Phone 301-249-1800

Attn: Specialty Accounts

Phone: 1-888-NASA-FCU (627-2328)

BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

PRIMARY BENEFICIARIES (The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA.)

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

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Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

CONTINGENT BENEFICIARIES (The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

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Address _____
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Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

☐ Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this IRA _____

SIGNATURE

I designate the persons or entities named above as my primary and/or contingent beneficiaries of this IRA. I hereby revoke all prior beneficiary designations, if any, made by me.

X

Date (mm/dd/yyyy)

X

Date (mm/dd/yyyy)

X

Date (mm/dd/yyyy)

(Available via DocuSign. Please contact Specialty Accounts to receive/complete electronically)

- Mobile Banking App:** Log into the Mobile App to send a secure message. In the bottom right, click "more." Click **message center**, click "compose" then "attach files" option in the message center to attach a copy of the form and photo ID.