



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		IRA CUSTODIAN		
Name (First/MI/Last)		Name NASA Federal C	redit Union	
Social Security Number				
	Phone			
		Phone 301-249-1800		
ACCOUNT TYPE (Select	onal			
☐ Traditional IRA	<u> </u>			
BENEFICIARY DES	IGNATION			
me terminates completel my estate will be my ben	y, and the percentage share of any remainin eficiary.	g beneficiaries will be increased or	e interest of any beneficiary that predeceases n a pro rata basis. If no beneficiaries are named,	
	IES (The total percentage designated must es will be deemed to own equal share perce		neficiary is designated and no percentages ar	
Name		Name		
Address				
City/State/ZIP		City/State/ZIP		
Date of Birth	Relationship	Date of Birth	Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name		Name		
Address				
City/State/ZIP		City/State/ZIP		
Date of Birth	Relationship	Date of Birth	Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
are indicated, the benefici beneficiaries if all primary	aries will be deemed to own equal share per beneficiaries have predeceased the IRA own	centages in the IRA. The balance in er.)		
		Address		
City/State/ZIP				
City/State/ZIP Date of Birth	Relationship	Date of Birth	Relationship	
City/State/ZIP Date of Birth		Date of Birth		
City/State/ZIP Date of Birth Tax ID (SSN/TIN)	Relationship	Date of Birth Tax ID (SSN/TIN)	Relationship	
City/State/ZIP Date of Birth Tax ID <i>(SSN/TIN)</i> Name	Relationship Percent Designated	Date of Birth Tax ID <i>(SSN/TIN)</i> Name	Relationship Percent Designated	
City/State/ZIP Date of Birth Tax ID (SSN/TIN) Name Address	Relationship Percent Designated	Date of Birth Tax ID (SSN/TIN) Name Address	Relationship Percent Designated	
City/State/ZIP Date of Birth Tax ID (SSN/TIN) Name Address City/State/ZIP	Relationship Percent Designated	Date of Birth	Relationship Percent Designated	

Name of IRA Owner Account Number

SPOUSAL CONSENT

Spousal consent should be considered if either the trust or the residence of the IRA owner is located in a community or marital property state.

CURRENT MARITAL STATUS

- ☐ I Am Not Married I understand that if I become married in the future, I should review the requirements for spousal consent.
- ☐ I Am Married I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby relinquish any interest that I may have in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

x	
Signature of Spouse	Date (mm/dd/yyyy)
X	
Signature of Witness	Date (mm/dd/yyyy)

SIGNATURE

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The custodian has provided no tax or legal advice to me regarding my beneficiary designations.

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	
Signature of IRA Owner	Date (mm/dd/yyyy)

INSTRUCTIONS TO COMPLETE YOUR REQUEST

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

- 1. Please complete all owner information: Please remember to include all beneficiary information before signing and returning. Please include spousal signature if someone other than your spouse is named as PRIMARY beneficiary AND owner/trust has residence in a community property state.
- 2. **Include copy of photo identification**: Please include a copy of the IRA owner's government-issued photo ID such as a state-issued driver's license, or passport. Copies must include a clear picture with legible information.
- 3. You May Return IRA form and ID copy by:

Mail: NASA Federal Credit Union, P.O. Box 1588, Bowie, MD 20717-1588

Online Banking: Log into Online Banking to send a secure message. In the top right, next to profile, click the message icon. Click "compose" then "attach files" option in the message center to attach a copy of the form and photo ID.

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.