

## 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

### 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 \_\_\_\_\_

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

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
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 \_\_\_\_\_

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

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

Name \_\_\_\_\_  
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 \_\_\_\_\_

**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.