

*This beneficiary designation overrides all previous designations for this IRA. The term inherited IRA will be used to mean an inherited Traditional IRA or inherited Roth IRA unless otherwise specified. The term Inherited IRA Owner is used below to mean a beneficiary who is entitled to receive distributions from the original owner's account.*

**VIP Services:** (888) 855-9856 | info@trustprovident.com  
8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

## Section 1 Inherited IRA Owner Information

First Name  MI  Last Name

Email  Last Four Digits of Social Security Number  Account Number

Account Type  Inherited Traditional IRA  Inherited Roth IRA

## Section 2 Beneficiary Information

I designate that upon my death, the assets in this inherited account be paid to the beneficiaries named below. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentages indicated will also be deemed to share equally. 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 primary beneficiaries survive me, the contingent beneficiaries shall acquire the designated share of the account. If no beneficiaries are named, my estate will be my beneficiary.

Primary  Contingent Share Percentage  %

First Name  MI  Last Name

Address  City  State  Zip

Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

Primary  Contingent Share Percentage  %

First Name  MI  Last Name

Address  City  State  Zip

Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

Primary  Contingent Share Percentage  %

First Name  MI  Last Name

Address  City  State  Zip

Tax ID (SSN/TIN)  Date of Birth (mm/dd/yyyy)  Relationship

**NOTE:** The total share percentage indicated for primary beneficiaries and the total share percentage indicated for contingent beneficiaries must total 100%.

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

### Section 3

### Spousal Consent *(If applicable)*

Complete this section if you are married, have not named your spouse as your sole primary beneficiary, and are subject to the laws of the following community or marital property states: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI.

#### 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 inherited IRA, I have been advised to see a tax professional.

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

**NOTE: Do not sign below until you are in the presence of the authorized notary providing the notary services.**

X

Spouse's Signature

Date (mm/dd/yyyy)

*(Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)*

STATE OF

SS:

COUNTY OF

This document was acknowledged before me on  (date) by  (name of spouse), who certifies the correctness of the signature of such spouse.

X

Signature of Notary Public

Date (mm/dd/yyyy)

Notary Public's Name *(First, Middle Initial, Last)*

Notary to Place Seal Here

My commission expires *(Date (mm/dd/yyyy))*

### Section 4

### Inherited IRA Owner Authorization

I understand that I may replace my beneficiary designations at any time by completing and delivering a Beneficiary Designation form to the 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 inherited IRA. I hereby revoke all prior beneficiary designations, if any, made by me.

X

Inherited IRA Owner Signature

Inherited IRA Owner Name *(Please type or print)*

Date (mm/dd/yyyy)



Before submitting this form, please review all information prior to signing. When ready, mail, email, or fax this completed form to:

**Mail to:** Provident Trust Group  
8880 W. Sunset Rd., Suite 250  
Las Vegas, NV 89148

**Email to:** [newaccounts@trustprovident.com](mailto:newaccounts@trustprovident.com)

**Fax to:** (702) 253-7565