



IRA Beneficiary Designation Addendum

The term IRA will be used below to mean Traditional IRA, SEP IRA, Roth IRA, and SIMPLE IRA, unless otherwise specified. This form may only be used to supplement an IRA application or IRA beneficiary designation form to name more beneficiaries than can be accommodated on these forms. Complete additional addendums if necessary.

VIP Services: (888) 855-9856 | info@trustprovident.com

8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1

IRA Owner Information

First Name MI Last Name

Email Last Four Digits of Social Security Number Account Number

Account Type (Select one) Traditional IRA SEP IRA Roth IRA SIMPLE IRA Inherited Traditional IRA Inherited Roth IRA

Form Type and Date (Select and attach the supplemented form)

Original IRA Application IRA Beneficiary Designation Form Dated

Section 2

Beneficiary Information

I designate the beneficiaries named below, in addition to the beneficiaries named on the attached form, as beneficiaries of this IRA.

All fields must be completed.

Primary Contingent Share Percentage % (Whole percentages only)

First Name MI Last Name

Address City State Zip

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

Primary Contingent Share Percentage % (Whole percentages only)

First Name MI Last Name

Address City State Zip

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

Primary Contingent Share Percentage % (Whole percentages only)

First Name MI Last Name

Address City State Zip

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

Primary Contingent Share Percentage % *(Whole percentages only)*
 First Name MI Last Name
 Address City State Zip
 Tax ID (SSN/TIN) Date of Birth (mm/dd/yyyy) Relationship

Primary Contingent Share Percentage % *(Whole percentages only)*
 First Name MI Last Name
 Address City State Zip
 Tax ID (SSN/TIN) Date of Birth (mm/dd/yyyy) Relationship

If you are naming an entity (e.g., trust, estate, charity) as beneficiary, please complete the following information.

Primary Contingent Share Percentage % *(Whole percentages only)*
 Name of Entity/Trust/Estate Entity/Trust/Estate Tax ID Date of Registration/Creation (mm/dd/yyyy)
 Address City State Zip
 Trustee, Executor, or Authorized Signer Name

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 IRA Owner Authorization

I understand that I may replace my beneficiary designations at any time by completing and delivering an IRA Beneficiary Designation form to the custodian. The custodian has provided no tax or legal advice to me regarding my beneficiary designations. In addition, any applicable spousal consent is provided on the attached form.

X
 IRA Owner Signature _____ 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

Fax to: (702) 253-7565