

IRA CHANGE OF BENEFICIARY FORM



SYMONS
CAPITAL MANAGEMENT

If you have any questions regarding this form, please call Shareholder Services at 1-877-6SY-MONS (877-679-6667).

This IRA Change of Beneficiary Form is used to change the beneficiaries for Traditional, Roth, SEP and SIMPLE IRAs.

PART I: IRA OWNER INFORMATION

Name: _____ Social Security Number: _____ Date of Birth: _____

Physical Street Address: _____

Primary Phone: _____ Email Address: _____

U.S. Citizenship Status: Citizen Resident Alien

PART II: IRA ACCOUNT INFORMATION

IRA Account/Plan Number: _____

NOTE: THIS BENEFICIARY DESIGNATION SUPERCEDES ALL PRIOR DESIGNATIONS FOR THE IRA IDENTIFIED ABOVE.

PART III: BENEFICIARY DESIGNATION

Designate beneficiaries below. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. After your death, your IRA assets will be distributed in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive you. If no Primary beneficiaries are living when you die, your IRA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____ % Relationship to IRA Owner: spouse non-spouse

Name: _____ Social Security Number: _____ Date of Birth: _____

Residence Address: _____

Type: Primary Contingent Share Percentage: _____ % Relationship to IRA Owner: spouse non-spouse

Name: _____ Social Security Number: _____ Date of Birth: _____

Residence Address: _____

Type: Primary Contingent Share Percentage: _____ % Relationship to IRA Owner: spouse non-spouse

Name: _____ Social Security Number: _____ Date of Birth: _____

Residence Address: _____

PART III: BENEFICIARY DESIGNATION CONTINUED

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse
Name: _____ Social Security Number: _____ Date of Birth: _____
Residence Address: _____

Addendum attached and signed for additional beneficiaries.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Trustee/Custodian.

PART IV: SPOUSAL CONSENT

Complete this section only if you, the IRA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as Primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the IRA owner and agree with and consent to my spouse's designation of a Primary beneficiary other than, or in addition to, me. I understand that with my consent I transfer my community property interest in this IRA to my spouse as his or her separate property. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee/Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X _____ Date: _____

Witness:

X _____ Date: _____

PART V: ACKNOWLEDGEMENT

By signing this *IRA Change of Beneficiary Form*, I certify that the information I have provided is true, correct, and complete, and the Trustee/Custodian may rely on what I have provided. In addition, I assume all responsibilities for the elections I have made, including those related to naming a non-spouse beneficiary, if I am married. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Signature of IRA Owner: X _____ Date _____

PART VI: MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Symons Institutional Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery
Symons Institutional Funds
431 N. Pennsylvania Street
Indianapolis, IN 46204