Columbia Management®

IRA Beneficiary

Beneficiary Designation Form

Please use this form to add or update your beneficiary elections on your Columbia Management Traditional IRA, Roth IRA, SEP IRA or SIMPLE IRA. Please send completed IRA beneficiary designation form to Columbia Management Services, Inc. (Transfer Agent), PO Box 8081, Boston, MA 02266-8081.

1. IRA holder information

Name of account owner (first, middle initial, last)

Street address

City | State | Zip code

Daytime telephone number | Social Security number | Date of birth (mm/dd/yyyy)

2. Beneficiary information

Please check one of the following options:

☐ **Replace beneficiary(ies) -** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this IRA and hereby revoke all prior beneficiary(ies), if any, made by me.

☐ **Add beneficiary(ies) -** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this IRA. This list supplements, but does not replace, the beneficiary(ies) previously designated to me.

The following person(s) is/are designated to receive the balance of my IRA upon my death. In the event that I die and no primary beneficiary listed below is alive, distribute all funds in my IRA to the contingent beneficiary(ies) listed below.

If no primary or contingent beneficiary survives me, or if I have not named a beneficiary, any balance remaining in the account will be payable to my surviving spouse if I am married, otherwise to my estate.

If there are multiple beneficiaries on the account, the distribution percentages should be whole percentages and equal 100%.

☐ **Primary beneficiary**

Name of primary beneficiary (first, middle initial, last)

Social Security number (required) | Date of birth (mm/dd/yyyy) | Percent %

☐ **Primary beneficiary** ☐ **Contingent beneficiary**

Name of beneficiary (first, middle initial, last)

Social Security number (required) | Date of birth (mm/dd/yyyy) | Percent %

2. Beneficiary information (continued)

☐ **Primary beneficiary** ☐ **Contingent beneficiary**

____
Name of beneficiary (first, middle initial, last)

______________________ ______________________ ______________________
Social Security number (required) | Date of birth (mm/dd/yyyy) | Percent %

☐ **Primary beneficiary** ☐ **Contingent beneficiary**

____
Name of beneficiary (first, middle initial, last)

______________________ ______________________ ______________________
Social Security number (required) | Date of birth (mm/dd/yyyy) | Percent %

3. Spousal consent

Spousal consent is required if you name a beneficiary other than your spouse and you reside in a community or marital property state.

I am the spouse for the above-named IRA account owner. I hereby consent to the beneficiary designation(s) above. I assume full responsibility for any adverse consequences that may result. I acknowledge that a designation of a non-spouse beneficiary may not be effective in my state without my consent and that I should consult my legal advisor. No legal or tax advice was given to me by the Transfer Agent or the custodian.

____
Print spouse's name (first, middle initial, last)

X______________________________________ ______________________
Spouse's signature | Date (mm/dd/yyyy)

4. Account holder authorization

This designation is not effective until it is duly executed and filed with the custodian, upon which it revokes or amends any prior designation of beneficiaries of this IRA.

X______________________________________ ______________________
Signature of account owner | Date (mm/dd/yyyy)