# IRA Beneficiary Designation

877.836.3949
203.388.2714
www.vfmarkets.com

Send to: (Please submit using one method)
Email: clientservices@vfmarkets.com
US Mail: 120 Long Ridge Rd., 3 North
Stamford, CT 06902

Use this form to add or change your beneficiary designation on your IRA.

## Section 1 Account Information

| | |
|---|---|
| Accountholder Name | Account Number |
| Address | |
| City | State / Zip |
| Social Security Number | Birthdate |
| Daytime Phone | Email Address |
| Account Type ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE | |

## Section 2 Beneficiary Information

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If the primary or contingent box is not checked, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and the distribution percentages are not indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. If more than one contingent beneficiary is designated and the distribution percentage is not indicated, the beneficiaries will be deemed to share equally.
If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA. If no primary or contingent beneficiary(ies) survive me, the remaining balance in my account shall be payable to my legal spouse, or if none, my estate.

| **Beneficiary Name and Address** | **Date of Birth** (mm/dd/yyyy) | **Social Security Number** | **Relationship** | **Primary or Contingent** | **Share %** Must total 100% |
|---|---|---|---|---|---|
| Name ____________<br>Address ____________<br>City ________ State ______ Zip ______<br>Country: __ USA __ Other | | | | ☐ Primary<br>☐ Contingent | |
| Name ____________<br>Address ____________<br>City ________ State ______ Zip ______<br>Country: __ USA __ Other | | | | ☐ Primary<br>☐ Contingent | |



INVESTMENT PRODUCTS: NOT FDIC-INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

| | | | | | |
|---|---|---|---|---|---|
| Name ______<br>Address ______<br>City ______ State ______ Zip ______<br>Country: __ USA __ Other | | | | ☐ Primary<br>☐ Contingent | |
| Name ______<br>Address ______<br>City ______ State ______ Zip ______<br>Country: __ USA __ Other | | | | ☐ Primary<br>☐ Contingent | |

## Section 3 Spousal Consent

Complete this section if (1) Accountholder is married and has designated a Primary Beneficiary other than his/her spouse; and (2) this IRA includes property in which his/her spouse possesses a community property interest. As of July 1, 2017, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

Current Marital Status:

☐ **I am not married.** I understand that if I become married in the future, I must complete a new Beneficiary Designation form.

☐ **I am married.** I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the following consent.

I am the spouse of the above-named IRA Accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA Accountholder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by STRATA Trust Company.

______________________________ ______________________
Signature of Spouse Date

## Section 4 Signature Accountholder must sign and date below

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to STRATA Trust Company ("STRATA") and that STRATA has provided no tax or legal advice to me regarding my beneficiary designations.

______________________________ ______________________
Signature of Account Holder Date



INVESTMENT PRODUCTS: NOT FDIC-INSURED • NO BANK GUARANTEE • MAY LOSE VALUE