IRA CHANGE OF BENEFICIARY FORM

Please send completed form to:

Regular Mail Delivery

FPA Funds
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

FPA Funds
C/O UMB Fund Services, Inc.
235 W Galena Street
Milwaukee WI 53212

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

PART I: IRA OWNER INFORMATION

Name: ____ Taxpayer ID Number: ________________________

Account Number: ____

PART II: BENEFICIARY DESIGNATION

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

IRA Owners (or Inherited IRA Owners) 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, the 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. The most current beneficiary designation on file with the Custodian at the time of death will govern. 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 Custodian.

Type: ☐ Primary ☐ Contingent Share Percentage:__________% Relationship to Account Owner: ☐ Spouse ☐ Nonspouse

Name: ___________________________________ Taxpayer ID Number:______________ Date of Birth:________

Address: ____

Type: ☐ Primary ☐ Contingent Share Percentage:__________% Relationship to Account Owner: ☐ Spouse ☐ Nonspouse

Name: ___________________________________ Taxpayer ID Number:______________ Date of Birth:________

Address: ____

Type: ☐ Primary☐ Contingent Share Percentage:__________% Relationship to Account Owner: ☐ Spouse ☐ Nonspouse

Name: ___________________________________ Taxpayer ID Number:______________ Date of Birth:________

Address: ____

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above. Sign and date the sheet.

Part III: 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. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

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 have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X ____ Date: ____

Part IV: Acknowledgement

By signing this *IRA Change of Beneficiary Form*, I certify that the information I have provided is true, correct, and complete, and the 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 nonspouse beneficiary, if I am married. I will indemnify and hold the 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 Custodian.

Signature of IRA Owner (or Inherited IRA Owner):

X ____ Date: ____