IRA Change of Beneficiary Form

This form may only be used to change the beneficiaries designations on an established IRA. Submission of this form will replace any prior beneficiary designations.

ACCOUNT INFORMATION - REQUIRED

Reset Form

Axos Clearing LLC, custodian for the IRA of:

Account Title (Name of this account)	Account

DESIGNATION OF BENEFICIARY

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

	Beneficiary's Name	Social Security Number/Tax ID	Date of Birth
☐ Primary ☐ Contingent Share %	Relationship	Address	
☐ Primary ☐ Contingent Share %	Beneficiary's Name	Social Security Number/Tax ID	Date of Birth
	Relationship	Address	
☐ Primary ☐ Contingent Share %	Beneficiary's Name	Social Security Number/Tax ID	Date of Birth
	Relationship	Address	
☐ Primary ☐ Contingent Share %	Beneficiary's Name	Social Security Number/Tax ID	Date of Birth
	Relationship	Address	
☐ Primary ☐ Contingent Share %	Beneficiary's Name	Social Security Number/Tax ID	Date of Birth
	Relationship	Address	

FOR SPECIFIC BENEFICIARY PROVISIONS, PLEASE REFER TO THE APPLICABLE SECTIONS OF THE PLAN AGREEMENT AND THE DISCLOSURE STATEMENT

THE TOTAL ALLOCATION OF ALL PRIMARY BENEFICIARIES MUST EQUAL 100%

THE TOTAL OF ALL CONTINGENT BENEFICIARIES MUST EQUAL 100%

IF ALLOCATION TOTALS ARE AT LEAST 99% BUT LESS THAN 100%, AXOS WILL ASSIGN UNALLOCATED REMAINDER TO THE FIRST NAMED BENEFICIARY

TO DESIGNATE YOUR ESTATE AS YOUR BENEFICIARY, WRITE IN "ESTATE". "PER WILL" DESIGNATIONS ARE NOT ACCEPTABLE

IF NO BENEFICIARY IS NAMED, THE BENEFICIARY PROVISIONS OUTLINED IN THE PLAN AGREEMENT WILL APPLY

SIGNATURES – IMPORTANT PLEASE READ BEFORE SIGNING

I (Account Owner) hereby state that all previous designation(s) of beneficiary(ies), with respect to the above-designated IRA, are hereby revoked. I understand that the Change of Beneficiary will be effective on the date of receipt by my introducing Broker Dealer and/or Axos Clearing LLC, and that, upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. I retain the right to revoke this designation of beneficiary and to designate a new beneficiary at any time by written notification to my Broker and/or Axos Clearing. By signing this form, I hereby designate the above individuals or entity(ies) as my beneficiary(ies). If my account is subject to State community property statutes and I do not designate my spouse as the sole primary beneficiary, I represent, warrant, and covenant that my spouse has consented to the beneficiary designations above.

Signature of IRA Owner ×	Print Name	Date (mm/dd/yyyy)

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