

This form should be used to add/change the primary and/or contingent beneficiaries on your Inspira Financial IRA or other retirement account in the event of your death.

Please print after completion and submit to the address or fax above. For assistance with this form, please contact a Client Service Specialist at 800-258-7878.

A Account Owner Information

Enter Account Owner's full name. → First: Middle: Last:
Social Security No. (9 digits required): Daytime Phone No.:
Email Address:
Required if you have more than one account → with Inspira that you are designating beneficiaries for. Inspira Financial Account Nos.:
Marital Status: Single Married Divorced/Widowed

B Person(s) as Beneficiary

I, the undersigned, hereby make the following beneficiary designation. In the event of my death, pay benefits to the following named primary beneficiary(ies). If a proper beneficiary designation is not on file at the time of my death, the IRA will be paid as described in Article titled "Designation of Beneficiaries" of the Custodial Agreement. If I am married and designate a beneficiary other than my spouse, I understand that my spouse must sign the spousal consent below if I live in a community property state. If more than one primary or contingent beneficiary is designated, the assigned percentages must equal 100%, or the beneficiaries will be assigned equal percentages. Contingent Beneficiaries take hereunder only if all Primary Beneficiaries fail to survive me. If multiple Primary or Contingent Beneficiaries are named, as to each Beneficiary that shall not survive me, his or her share (if any for a Contingent Beneficiary) shall be distributed to the remaining Beneficiaries, Primary or Contingent as the case may be in the proportions shown. If the beneficiary is an Entity/Trust, please skip to Section C. Additional beneficiary designations or changes must be made via the proper form.

Primary Beneficiaries

Full name (<i>first, middle, last</i>) Address (<i>including country of residence</i>)	Date of Birth	Social Security No.	Country of Residence	Relationship	% to Beneficiary



B Beneficiary Designation

Contingent Beneficiaries

Full name (first, middle, last) Address (including country of residence)	Date of Birth	Social Security No.	Country of Residence	Relationship	% to Beneficiary

C Trust as Beneficiary

If you have an entity/ Trust as a beneficiary, please review the requirements and examples to ensure that you provide us with the correct information.

Trust as Beneficiary

- For a standard Trust - we require the date the Trust was created in the created field below.
Example: The Doe Family Revocable Trust, created 1/1/2022
- For a Testamentary Trust (a trust not yet created and formed under a will) - we require the words "in my last will and testament" added in the created field below.
Example: Jane Doe Testamentary Trust, created in my last will and testament
- For a Sub-Trust - The full name of the sub-trust and the trust as it appears on the trust document, with the sub-trust's name listed *first* to show that it is the named beneficiary.
Example: Doe Children's Trust created under the Jane Doe Revocable Trust dated 1/1/2021

Note: If account owner is the trustee of his/her own trust, please provide the name and address of a successor trustee for us to contact after death.

Name of Trust:

Tax ID No.:

Date of Formation:

Name of Trustee(s):

Daytime Phone No.:

Address:

City:

State:

Zip:

% to Beneficiary:

Please select one. →

- Primary Beneficiary Contingent Beneficiary

D Entity or Charity as Beneficiary

Legal Name:

Tax ID No.:

Daytime Phone No.:

Address:

City:

State:

Zip:

% to Beneficiary:

Please select one. →

Primary Beneficiary

Contingent Beneficiary

E Spousal Consent

Complete this section if (1) Account Owner 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 December 31, 2022, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

I am the spouse of the Account Owner named above, I agree to my spouse's naming of a Primary Beneficiary other than myself, and I acknowledge that I shall have no claim whatsoever against Inspira Financial Trust, LLC for any payment to my spouse's beneficiary(ies).

Spouse must sign if not the primary beneficiary.

Spouse's Name (print): _____

→ Spouse's Signature: _____ Date: _____

F Beneficiary Designation

Review, sign, and date as Account Owner.

I reserve the right to change this designation and I revoke all prior beneficiary designations under this IRA.

→ IRA Owner's Signature: _____ Date: _____