



# IRA BENEFICIARY DESIGNATION

For assistance in completing this form, please contact us at 800-247-9780. Please mail your completed and signed form to AMF Funds, PO Box 803046, Chicago, IL 60680-4594.

Please print all information.

## 1 PROVIDE YOUR INVESTOR INFORMATION

FIRST NAME

MIDDLE INITIAL

LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

ADDRESS

ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

E-MAIL ADDRESS

## 2 YOUR ACCOUNT INFORMATION

- I would like this designation of beneficiary to apply to all of my IRA accounts  
 I would like this designation of beneficiary to apply to only the following IRA accounts:

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

## 3 DESIGNATE YOUR BENEFICIARY

Upon my death, the beneficiary(ies) of my IRA shall be:

1  
BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

PRIMARY

CONTINGENT

SHARE %

2  
BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

PRIMARY

CONTINGENT

SHARE %

**3** DESIGNATE YOUR BENEFICIARY (continued)

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**3** BENEFICIARY NAME/ADDRESS

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DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	<input type="text" value="SHARE %"/>	

**4** BENEFICIARY NAME/ADDRESS

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DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	<input type="text" value="SHARE %"/>	

**5** BENEFICIARY NAME/ADDRESS

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DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	<input type="text" value="SHARE %"/>	

If neither primary nor contingent is indicated, the designated beneficiary will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary predeceases me, 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.

**4** COMMUNITY PROPERTY STATES

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This section should be completed if you are married and live in a community property state.

The property in this IRA is (Check one):     Community Property     My Separate Property

I understand that this beneficiary designation will not defeat any community property rights that my spouse may have in the IRA.

Community Property States:  
Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin

**5** SIGN YOUR NAME

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I hereby revoke all previous designations of beneficiary for my IRA. I understand that I may change my beneficiary at any time by completing and delivering the proper form to the Custodian.

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SIGNATURE	PRINTED NAME	DATE
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