

Ameriprise Financial Services, Inc. 70100 Ameriprise Financial Center Minneapolis, MN 55474

# IRA Designation of Beneficiary for IRAs Held by Ameriprise Trust Company as Custodian



• See form 3993-inst for instructions.

Client ID	001
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- This beneficiary designation will revoke (replace) any IRA beneficiary designation you made previously for the IRA(s) listed in Part 1. It will also revoke any beneficiary payout restriction you previously established.
- No agent, attorney-in-fact, conservator, guardian or other person acting on your behalf may name or change the beneficiaries except as authorized in a Power of Attorney document, Guardianship document or by court order.

## Part 1 IRA Owner & Plan Information

- If no IRA plan selection is made, we will apply this designation to all your custodial IRA plans held by Ameriprise Trust Company.
- Your IRA beneficiary designation applies to all investments and accounts held in the IRA type you identified below.

Owner Name

Each IRA plan has been assigned a unique Plan ID Number. If you currently have more than one IRA plan of the same type of IRA, you must enter the Plan ID Number for each plan for which this beneficiary designation applies.

To which IRA does this beneficiary designation apply? (Check all that apply)

	IRA Plan ID Number(s)
<input type="checkbox"/> Traditional IRA	
<input type="checkbox"/> Rollover IRA	
<input type="checkbox"/> SEP IRA	
<input type="checkbox"/> Roth Contributory IRA	
<input type="checkbox"/> Roth Conversion IRA	
<input type="checkbox"/> Simple IRA	
<input type="checkbox"/> Inherited IRA* <input type="text" value="Decedent Name"/>	
<input type="checkbox"/> All **	

\* If you are naming a beneficiary designation for an Inherited IRA, indicate the name of the decedent on the blank line following that plan type.

## Part 2 Beneficiary Designation

For options A-D, do not list children's names, these will be requested at claim time. Provide complete address for all non-immediate family members or organizations named. (Note: Step children, foster children, etc. are not included; use option E, Other instead.)

Select only one of options A - F

**A. Spouse if Living, if not, Lawful Children With Rights of Survivorship.**

Beneficiary is: "  " spouse if living, if not, the beneficiaries are the children legally born to, or legally adopted by, the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

Sign on Page 4

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**B. Spouse if Living, if not, Children Per Stirpes.**

Beneficiary is: " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_ "

Owner's spouse if living, if not, the children legally born to, or legally adopted by, the owner equally, the survivors equally, or the survivor; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her children legally born to, or legally adopted by that deceased child, per stirpes.

**C. Living Lawful Children, Equally With Rights of Survivorship.**

Beneficiary is: The living lawful children of the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

**D. Living Lawful Children With Rights of Survivorship per Stirpes.**

Beneficiary is: The children legally born to, or legally adopted by, the owner equally, provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased child, per stirpes.

**Additional Instructions for Options E and F**

- If an attachment is required to complete the beneficiary designation, include the IRA Plan Type, Client ID, signature date and all appropriate signatures.
- Although not required, providing the Date of Birth and Social Security Number for beneficiaries will assist us in locating the beneficiaries when needed.
- Primary (P) and Secondary (S) designations must each total 100% or fractions that equal one.
- If a Testamentary Trust is designated, please provide the article and paragraph number from the Will in the designation. The execution of this designation requires that your Will be admitted to probate and the Trustee(s) make claim for the proceeds accompanied by due proof of the trustee(s)' appointment. In the event there are multiple testamentary trusts and the trust is not clearly identified, settlement may be delayed because a court order may be required at time of settlement.
- Unless specifically noted on this form, all designations will be considered to be equally with rights of survivorship.
- All beneficiary designations are subject to the approval of the corporate office.

**E. Other (Person, Trust, Organization, etc) - All fields marked with \* are required**

Select One \*      % or Fraction\*      Trust Date\* If named (MMDDYYYY)      Social Security Number      Date of Birth (MMDDYYYY)  
 Primary    Secondary    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Beneficiary Name\* (Full Name of Person, Trust or Organization)      Relationship\* Between Beneficiary & Owner  
 \_\_\_\_\_

Address of Beneficiary      City      State      ZIP code  
 \_\_\_\_\_

Select One \*      % or Fraction\*      Trust Date\* If named (MMDDYYYY)      Social Security Number      Date of Birth (MMDDYYYY)  
 Primary    Secondary    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Beneficiary Name\* (Full Name of Person, Trust or Organization)      Relationship\* Between Beneficiary & Owner  
 \_\_\_\_\_

Address of Beneficiary      City      State      ZIP code  
 \_\_\_\_\_

Select One \*      % or Fraction\*      Trust Date\* If named (MMDDYYYY)      Social Security Number      Date of Birth (MMDDYYYY)  
 Primary    Secondary    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Beneficiary Name\* (Full Name of Person, Trust or Organization)      Relationship\* Between Beneficiary & Owner  
 \_\_\_\_\_

Address of Beneficiary      City      State      ZIP code  
 \_\_\_\_\_

Select One \*      % or Fraction\*      Trust Date\* If named (MMDDYYYY)      Social Security Number      Date of Birth (MMDDYYYY)  
 Primary    Secondary    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

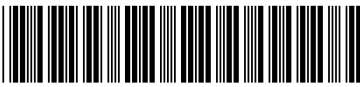
Beneficiary Name\* (Full Name of Person, Trust or Organization)      Relationship\* Between Beneficiary & Owner  
 \_\_\_\_\_

Address of Beneficiary      City      State      ZIP code  
 \_\_\_\_\_

Select One \*      % or Fraction\*      Trust Date\* If named (MMDDYYYY)      Social Security Number      Date of Birth (MMDDYYYY)  
 Primary    Secondary    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Beneficiary Name\* (Full Name of Person, Trust or Organization)      Relationship\* Between Beneficiary & Owner  
 \_\_\_\_\_

Address of Beneficiary      City      State      ZIP code  
 \_\_\_\_\_



**F. Text Other.** Use this option only if none of the above options apply or if you are unsure of which option to select. This designation is subject to the approval of the corporate office.

[Empty text box for F. Text Other]

**Part 3 Minor Beneficiaries**

If any beneficiary listed in this form is a minor, I hereby request that proceeds be paid to:

[Empty text box] as custodian under the [Empty text box] (name of state) UTMA (not available in Vermont or South Carolina). In the event that the custodian named above is unable to serve at the time of settlement, I designate [Empty text box] as successor custodian.

**Part 4 Marital Status and Consent of Spouse**

**Owner Marital Status** (Select One):  Single  Married (see Consent of Spouse)  Widowed  Divorced

**Consent of Spouse - This consent of spouse must be signed if all of the following conditions are present:**

- (a) the spouse of the owner is living,
- (b) the spouse is not the sole primary beneficiary named and
- (c) the owner and spouse are residents of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).

I have reviewed the above beneficiary designation and, as the spouse of the owner, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter and I relinquish all my statutory or other rights thereto.

Spouse Name [Empty text box]

Spouse Signature [Red X] Date (MMDDYYYY) [Empty text box]

**Part 5 Signature Information**

Owner Name [Empty text box]

Owner Signature [Red X] Date (MMDDYYYY) [Empty text box]