

Beneficiary Change

Use this form if you'd like to change beneficiaries on an existing account.
This form may be used for Individual or Employer Sponsored Plan accounts.
Please use multiple forms if you have multiple accounts.

Please mail the ORIGINAL SIGNED document to

ACCOUNT HOLDER

Name _____ Account Number _____
Date of Birth (MM/DD/YYYY) ____/____/____ Social Security # ____/____/____

MidAtlantic IRA, LLC
125 South Carroll Street, Suite 250
Frederick, Maryland 21701
240/575.3880 office

This form must be completed in full. I hereby revoke any prior beneficiary designation made by me and designate the persons named below as the Primary and/or Contingent Beneficiaries of this account. A beneficiary shall be deemed to be a Primary Beneficiary if the Primary or Contingent box is not selected for said beneficiary. In the event of my demise, Primary Beneficiaries who survive me shall receive the assets of the account in equal shares (or in the specified shares, as designated). If all Primary Beneficiaries pre-decease me, Contingent Beneficiaries who survive me shall receive the assets of the account in equal shares (or in the specified shares, as designated). A Primary or Contingent beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, in the event that the aforementioned beneficiary does not survive me. In such cases, the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. In the event that there are no surviving Primary or Contingent Beneficiaries, remaining assets of the account shall be distributed to my estate in accordance with the plan provisions.

BENEFICIARY / 1

Primary Contingent Share _____ % Date of Birth ____/____/____

Person Name/Trust Name* _____ SS # _____ Relationship _____
Address _____ City _____ State _____ Zip _____

* If I name a Beneficiary which is a Trust, I understand I must supply a copy of the abstract of the Trust.

BENEFICIARY / 2

Primary Contingent Share _____ % Date of Birth ____/____/____

Person Name/Trust Name* _____ SS # _____ Relationship _____
Address _____ City _____ State _____ Zip _____

* If I name a Beneficiary which is a Trust, I understand I must supply a copy of the abstract of the Trust.

BENEFICIARY / 3

Primary Contingent Share _____ % Date of Birth ____/____/____

Person Name/Trust Name* _____ SS # _____ Relationship _____
Address _____ City _____ State _____ Zip _____

* If I name a Beneficiary which is a Trust, I understand I must supply a copy of the abstract of the Trust.

SPOUSAL CONSENT (only required if your spouse is not the primary beneficiary-see note below).

This section is to be completed if your legal residence is in a Community Property State and your spouse has not been designated as your Primary Beneficiary with 100% share.

I, _____, (name of spouse) hereby approve the above beneficiary designation.

SPOUSE SIGNATURE _____ DATE _____

ACCOUNT HOLDER SIGNATURE I understand that I may change or add beneficiaries at any time by completing the Beneficiary Change form & submitting the original to MidAtlantic IRA, LLC.

ACCOUNT HOLDER SIGNATURE _____ DATE _____

ACCEPTANCE BY ADMINISTRATOR The Administrator (MidAtlantic IRA, LLC) acknowledges and accepts receipt of this IRA Beneficiary Change

AUTHORIZED SIGNATURE OF ADMINISTRATOR _____ DATE _____

FOR OFFICE USE ONLY

Signature Verified by ____ on ____/____/____ Note in ACT _____ Changed in Accustrust _____ Scan into eFile _____ File in Paperfile _____