



MADISON TRUST COMPANY

If you wish to name more than two primary or two secondary beneficiaries, please use additional forms and be sure to have each page signed and dated. If this is a change to a prior designation, all prior primary and secondary beneficiary designations will be replaced with this designation. If your former spouse was designated as a beneficiary, the designation will be deemed to have been revoked when the marriage to him or her terminated through divorce or otherwise, unless you redesignated him or her after your marriage terminated.

Please complete and submit this form via one of the following methods:

Mail: Madison Administration Company, One Paragon Drive, Suite 275, Montvale, NJ 07645 · **Fax:** (845) 947-1212 · **Secure Upload:** www.madisontrust.com/uploads

A. ACCOUNTHOLDER IDENTIFICATION

Full name

MTC account number

B. BENEFICIARY DESIGNATION

I authorize Madison Trust to replace all prior beneficiary designations on my account with the following designations. (If you do not indicate percentages in the primary or secondary beneficiary sections, assets in the account shall be divided equally among the beneficiaries in the respective class.)

I do not have any beneficiaries that I wish to designate at this time. *If you choose this option, please proceed directly to Section E.*

C. PRIMARY BENEFICIARIES Please attach additional pages of this form if necessary.

1st Primary Beneficiary

Beneficiary name: first and last, trust, organization or estate

Percent share (Primary beneficiaries must total 100%)

Relationship (Select only one): Spouse Child Grandchild Parent Sibling Other Individual Trust Organization Estate

Social Security/Tax ID Number

Date of birth/Date of formation

Telephone number

Email address

Mailing address

City

State or province

ZIP or postal code

Country(ies) of Citizenship (If multiple, separate by a comma):

Country of Legal Residence (Select only one):

USA Other: _____

USA Other: _____

2nd Primary Beneficiary

Beneficiary name: first and last, trust, organization or estate

Percent share (Primary beneficiaries must total 100%)

Relationship (Select only one): Spouse Child Grandchild Parent Sibling Other Individual Trust Organization Estate

Social Security/Tax ID Number

Date of birth/Date of formation

Telephone number

Email address

Mailing address

City

State or province

ZIP or postal code

Country(ies) of Citizenship (If multiple, separate by a comma):

Country of Legal Residence (Select only one):

USA Other: _____

USA Other: _____



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D. SECONDARY BENEFICIARIES Please attach additional pages of this form if necessary.

1st Secondary Beneficiary

Beneficiary name: first and last, trust, organization or estate Percent share
Relationship (Select only one): Spouse Child Grandchild Parent Sibling Other Individual Trust Organization Estate
Social Security/Tax ID Number Date of birth/Date of formation Telephone number
Email address Mailing address
City State or province ZIP or postal code
Country(ies) of Citizenship (If multiple, separate by a comma): Country of Legal Residence (Select only one):

2nd Secondary Beneficiary

Beneficiary name: first and last, trust, organization or estate Percent share
Relationship (Select only one): Spouse Child Grandchild Parent Sibling Other Individual Trust Organization Estate
Social Security/Tax ID Number Date of birth/Date of formation Telephone number
Email address Mailing address
City State or province ZIP or postal code
Country(ies) of Citizenship (If multiple, separate by a comma): Country of Legal Residence (Select only one):

E. DESIGNATE AN AUTHORIZED PARTY (Other than a beneficiary)

You may elect to designate an Authorized Party that may assist Madison Trust in locating and/or identifying your beneficiary(ies) upon your death. Madison Trust will not share any account specific information with this individual other than information related to your designated beneficiary(ies).

Authorized party name (first and last) Relationship to you Telephone number
Email address Mailing address
City State or province ZIP or postal code



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F. ACKNOWLEDGEMENT, AUTHORIZATION, & SIGNATURE

With my signature I acknowledge the following:

- I confirm that I have received, read, and agree to the terms and conditions contained in the Traditional IRA and SEP Custodial Agreement, the Roth IRA Custodial Agreement, or the SIMPLE IRA Custodial Agreement for the type of account I selected on my Account Application, and that those terms and conditions are fully incorporated into this Beneficiary Designation as if fully set forth herein. (The Custodial Agreements can be found at https://www.madisontrust.com/all-forms.)
I affirm that the beneficiary information provided on this form replaces any prior beneficiary information that may be on record for the indicated account.
I agree that Madison Trust has no obligation to locate or to independently verify any information submitted by any person claiming an interest in the indicated account.
I understand that if I have listed a trust or estate as a beneficiary, Madison Trust shall rely solely upon the instructions of the executor/administrator or trustee and shall have no responsibility for monitoring any changes to the terms of the will or trust.
I understand the indicated IRA is non-probate and this is a per capita beneficiary designation.
I understand that in order for my account to be inherited by my designated beneficiary(ies), the beneficiary(ies) will need to complete and supply the applicable documentation to inherit their beneficiary interest.
I understand that marital status changes and address changes may affect the validity of this designation and it is my responsibility to update the designation with Madison Trust Company as needed.
I understand that it is my responsibility to determine if my spouse's signature is required due to community property and other laws of some states based on the state I live in at the time of my death. The current community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

Accountholder signature

Date

Notary signature is required

State of County of

On this day of, 20, before me personally appeared, known to me or satisfactorily proven to be the person whose name(s) is/ are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal. (Seal)

Signature: Title of Officer: My Commission Expires:

I understand that as a spouse to the accountholder, I may have rights in the Custodial Account and assets that fund it under the community property or other laws of some states. I hereby relinquish those rights and agree to the beneficiary designation as stated in this form.

Spouse signature

Date

Notary signature is required

State of County of

On this day of, 20, before me personally appeared, known to me or satisfactorily proven to be the person whose name(s) is/ are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal. (Seal)

Signature: Title of Officer: My Commission Expires: