ForgeTrust

BENEFICIARY DESIGNATION

Contact Center: (800) 248-8447 | www.ForgeTrust.com

Use this form to add or change the beneficiaries of your IRA retirement account(s). If you need more room for information or signatures, use a copy of the relevant page.

HELPFUL TO KNOW

- You may want to review this document with a tax, financial, or legal advisor.
- This form cancels any existing beneficiary information. Be sure this form includes ALL beneficiaries you want on the account(s).
- To designate different beneficiaries for another Forge Trust Co. account(s), please submit a separate Beneficiary Designation form.
- If you are married and live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) and you designate anyone other than your spouse as beneficiary, your designation cannot be accepted without your spouse's notarized signature in Section 5.

1. PERSONAL INFORMATION (*required field)

First Name*	Middle Name	Last Name*	Social Security Number* Last 4 Digits Only
Date of Birth* (MM/DD/YYYY)	Phone* XXX-XXX-XXXX	Email (your personal email only)	
Account Number*	☐ Apply this beneficiary designation to all accounts I own with Forge Trust Co.		
Marital Status* (Under Federal Law)	◯ Single	◯ Married	◯ Divorced ◯ Widowed

2. BENEFICIARIES

Provide the details requested below for Primary and Contingent beneficiary(ies). You must designate the share percentage each beneficiary is to receive, and the percentages must add to 100% for each type of beneficiary, primary or contingent. For individuals, the Social Security Number and Date of Birth are required fields.

Primary Beneficiaries

1	Relationship*	Name*		Share Percentage* %
	Social Security or Taxpayer ID	Date of Birth (MM/DD/YYYY)	Email	Phone
	Address	City	State	Zip
2	Relationship	Name		Share Percentage %
	Social Security or Taxpayer ID	Date of Birth (MM/DD/YYYY)	Email	Phone
	Address	City	State	Zip
3	Relationship	Name		Share Percentage %
	Social Security or Taxpayer ID	Date of Birth (MM/DD/YYYY)	Email	Phone
	Address	City	State	Zip

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Relationship	Name	Share Percentage %
Social Security or Taxpayer ID / Date of Birth (MM/DD/YYYY)	Email	Phone
Address	City / State / Zip	

Total must add to 100%	%

Contingent Beneficiaries (Receives assets only if no primary beneficiary survives you.)

1

Relationship	Name	Share Percentage %
Social Security or Taxpayer ID / Date of Birth (MM/DD/YYYY)	Email	Phone
Address	City / State / Zip	

2

Relationship	Name	Share Percentage %
Social Security or Taxpayer ID / Date of Birth (MM/DD/YYYY)	Email	Phone
Address	City / State / Zip	

3

Relationship	Name	Share Percentage %
Social Security or Taxpayer ID / Date of Birth (MM/DD/YYYY)	Email	Phone
Address	City / State / Zip	

Total must add to 100%	%

4. SIGNATURE (Account owner or authorized individual must sign and date.)

By signing below, you:

- Affirm that the beneficiary information provided on this form replaces any prior beneficiary information that may be on record for the indicated account(s).
- Acknowledge that listing beneficiaries by name does NOT create a category of beneficiaries, and that if you later want to include other beneficiaries, you will need to submit a new beneficiary form.
- Agree that Forge Trust Co. has no obligation to locate or notify any beneficiary or to independently verify any information submitted by any person claiming an interest in your account.
- Acknowledge that if you do not provide percentages, the account will be divided equally among primary or contingent beneficiaries, as applicable.
- Acknowledge that if you do not properly name a beneficiary, or no beneficiary survives you, your beneficiary will be your estate in accordance with the rules of succession in the Custodial Agreement.
- Acknowledge that if you are married and live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) and you designate anyone other than your spouse as beneficiary, your designation cannot be accepted without your spouse's notarized signature in Section 5.
- Agree that if your beneficiary allocation totals at least 99%, but less than 100% (e.g., 3 named beneficiaries are each assigned a 33% interest in the account), Forge Trust Co. will assign the unallocated remainder to the first named beneficiary.
- Agree that when your assets are distributed to your beneficiaries, fractional shares that cannot be distributed in accordance with your instructions will instead be given to the beneficiary receiving the largest percentage of the account's assets or, if each beneficiary is receiving an equal percentage, to the last paid beneficiary.

Print Owner / Authorized Individual Name	
Account Owner / Authorized Individual's Signature X	Date (MM/DD/YYYY)

5. SPOUSE'S BENEFICIARY CONSENT

(Required only if the spouse is not the only primary beneficiary AND you reside in a community property state.)

By signing below, you:

- agree to the designation of the beneficiary(ies) on this form
- understand that you are allowing those beneficiary(ies) to receive assets that would otherwise be paid to you

Print Spouse Name	
Spouse's Signature X	Date (MM/DD/YYYY)

Notice to Community Property State Residents: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
If needed, attach the Acknowledgement Form appropriate for your state.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgment of Notary Public *Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.*

State of _____

County of _____

On this _____ day of _____, 20___, before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Seal

Signature of Notary _____

DELIVERY INSTRUCTIONS

Email
newaccounts@ForgeTrust.com

Fax
(650) 745-2902

Regular mail
Forge Trust Co.
PO Box 2048
San Francisco, CA 94126

Overnight mail
Forge Trust Co.
4 Embarcadero Ctr, Floor 15
San Francisco, CA 94111

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