

State Street Bank and Trust Company  
Individual Retirement Custodial Account  
Designation of Beneficiary Form

Print Name of Depositor \_\_\_\_\_

Fund Name \_\_\_\_\_

Account Number \_\_\_\_\_

As Depositor, I hereby make the following designation of beneficiary in accordance with the State Street Bank and Trust Company Individual Retirement Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries that survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each surviving Primary Beneficiary.

Primary Beneficiary or Beneficiaries:

Name	Relationship	Date of Birth	Social Security Number	Proportion
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If none of the Primary Beneficiaries survive me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries that survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

Alternate Beneficiary or Beneficiaries:

Name	Relationship	Date of Birth	Social Security Number	Proportion
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If Depositor's spouse is not designated as the sole primary beneficiary, spouse must sign the consent below. It is the Depositor's responsibility to determine if this section applies.

*I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result:*

\_\_\_\_\_  
Signature of Spouse

\*If a designated primary beneficiary does not survive me, the balance will be distributed to the remaining primary beneficiary. Secondary beneficiary(ies) will receive the balance only if no primary beneficiaries survive me. If no designated primary or secondary beneficiary survives me, or if the Custodian can not locate the beneficiary(ies), the Custodian will distribute the balance to my estate. I understand that if I want to change or revoke this designation of beneficiary(ies), I must submit my change/revocation in writing to the Custodian.

I understand that the beneficiaries named herein may be changed or revoked at any time by filing a new designation in writing with the Custodian. All forms must be acceptable to the Custodian and dated and signed by the Depositor.

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Date