



# Sterling Trust

## CHANGE OF BENEFICIARY FORM



### INSTRUCTIONS AND GUIDELINES

Use this form when you need to add, change or remove a beneficiary on your account.

**Primary Beneficiary(ies)** - The person(s) or entity you choose to receive your account upon your death. In the event that a designated primary beneficiary predeceases the Account Holder, their share will be shared equally between the remaining primary beneficiary(ies).

**Contingent Beneficiary(ies)** - The person(s) or entity you choose to receive your account if the primary beneficiary(ies) pass away (or the entity dissolves) before your death. In the event that a designated contingent beneficiary predeceases the Account Holder, the account will be shared equally between the remaining contingent beneficiary(ies).

When completing the *Change of Beneficiary form* please follow these guidelines:

- Provide complete information for each beneficiary.
- If designating a Trust, a copy of the Trust must be submitted with this form.
- Sign and date the bottom of the form and send or fax document to Sterling Trust.



### SUBMISSION OPTIONS

#### BY FAX

254-751-0872

#### OVERNIGHT

Sterling Trust  
7901 Fish Pond Road  
Waco, TX 76710

#### REGULAR MAIL

Sterling Trust  
P.O. Box 2526  
Waco, TX 76702-2526

#### BY E-MAIL

[IRAServices@SterlingTrustCompany.com](mailto:IRAServices@SterlingTrustCompany.com)



### CONTACT INFORMATION

**For assistance, please contact a Client Services Representative at:**

#### Phone:

800-955-3434 (Option 2)  
254-751-1505 (Option 2)

#### Fax:

254-751-0872

#### Website:

[www.SterlingTrustCompany.com](http://www.SterlingTrustCompany.com)

#### Or e-mail questions to:

[IRAServices@SterlingTrustCompany.com](mailto:IRAServices@SterlingTrustCompany.com)

**DO NOT FAX OR MAIL THIS COVER PAGE**



P.O. Box 2526  
 Waco, TX 76702-2526  
 PHONE: 800-955-3434 (option 2), 254-751-1505 (option 2)  
 FAX: 254-751-0872 / E-MAIL: IRAServices@SterlingTrustCompany.com

# CHANGE OF BENEFICIARY

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

## 1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
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## 2 BENEFICIARY DESIGNATION

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. **Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.**

If any primary or contingent beneficiary predeceases you, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

Add the following beneficiary(ies)    
  Change existing beneficiary(ies) to the following    
  Remove the following beneficiary(ies)

NAME			DATE OF BIRTH	BENEFICIARY TYPE <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
ADDRESS			SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP CODE	RELATIONSHIP	PERCENTAGE

  

NAME			DATE OF BIRTH	BENEFICIARY TYPE <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
ADDRESS			SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP CODE	RELATIONSHIP	PERCENTAGE

  

NAME			DATE OF BIRTH	BENEFICIARY TYPE <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
ADDRESS			SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP CODE	RELATIONSHIP	PERCENTAGE

**If you are designating an Estate or Trust as a beneficiary, please fill out the boxes below. If designating a Trust, a copy of the Trust must be submitted with this form.**

ESTATE/TRUST NAME			TAX ID #	BENEFICIARY TYPE <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	
ADDRESS					
CITY	STATE	ZIP CODE	DATE OF ESTABLISHMENT	PERCENTAGE	
CONTACT NAME			PHONE		
ADDRESS			CITY	STATE	ZIP CODE

*If you are currently required to take a Required Minimum Distribution, a change of beneficiary may change this amount.*

## 3 SIGNATURES

**Spousal Consent:** I am the spouse of the IRA Account Holder. Because of the significant consequences associated with giving up my interest in the IRA, Sterling Trust has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the IRA Account Holder's assets or property and any financial obligations for a community property state. In the event I have a legal interest in the IRA assets, I hereby give to the IRA Account Holder such interest in the assets held in the IRA and consent the beneficiary designation set forth on this form. I acknowledge that I shall have no claim whatsoever against Sterling Trust for any payment to my spouse's named Beneficiary(ies). **Applicable only in common property states (currently Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).**

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

I hereby release the Custodian/Trustee from and indemnify it for any and all claims arising from the Custodian/Trustee's actions hereunder. I understand this Designation or Change of Beneficiary will be effective on the date of receipt by the Custodian/Trustee and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. Accordingly, I hereby revoke my beneficiary designations made previously with respect to this IRA. I have the right to change this designation of beneficiary and to designate a new beneficiary at any time by completing a new **IRA Designation or Change of Beneficiary** form or in another format approved by the Custodian/Trustee. If none of my beneficiaries survive me, I direct that any balance in this account be paid to my estate. I understand that some state's laws require married individuals to name their spouse as beneficiary. I further understand that the IRA Custodian/Trustee cannot give me legal advice and I agree to consult with my own tax professional for advice.

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_ Signature of Custodian \_\_\_\_\_ Date \_\_\_\_\_