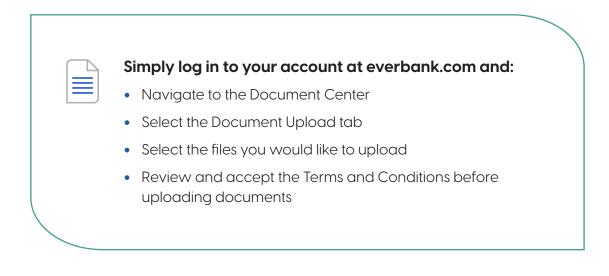


Submission instructions

Upload this form and any additional documentation so that we can move forward in the quickest and most secure way.



EverBank

IRA BENEFICIARY DESIGNATION This beneficiary designation overrides all previous de

This beneficiary designation overrides all previous designations for this IRA. The term IRA will be used below to mean Traditional IRA, Roth IRA, and SIMPLE IRA, unless otherwise specified.

PART 1. IRA OWNER	PART 2. IRA TRUSTEE OR CUSTODIAN	
	To be completed by the IRA trustee or custodian	
Name (First/MI/Last)	-	
Social Security Number	Name	
Date of Birth Phone	Name Address Line 1	
Email Address	Address Line 2	
Account Number Suffix		
Security Code	Phone Organization Number	
ACCOUNT TYPE (Select one)		

PART 3. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

PRIMARY BENEFICIARIES (The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA.)

Name		Name	
Address		Address	
City/State/ZIP		City/State/ZIP	
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Address		Address	
City/State/ZIP		City/State/ZIP	
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Address		Address	
City/State/ZIP		City/State/ZIP	
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Address		Address	
City/State/ZIP		City/State/ZIP	
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Address		Address	
City/State/ZIP		City/State/ZIP	
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated

CONTINGENT BENEFICIARIES on page 2

CONTINGENT BENEFICIARIES (The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)

Name		Name	
City/State/ZIP			
	Relationship		Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Address			
City/State/ZIP		City/State/ZIP	
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Address		Address	
City/State/ZIP		City/State/ZIP	
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Address		Address	
City/State/ZIP		City/State/ZIP	
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Address		Address	
City/State/ZIP			
Date of Birth	Relationship	Date of Birth	Relationship
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this IRA____

PART 4. SPOUSAL CONSENT

Spousal consent should be considered if either the trust or the residence of the IRA owner is located in a community or marital property state.

CURRENT MARITAL STATUS

- □ I Am Not Married I understand that if I become married in the future, I should review the requirements for spousal consent.
- I Am Married I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby relinquish any interest that I may have in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

PART 5. SIGNATURES

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me regarding my beneficiary designations.

I designate the persons or entities named above as my primary and/or contingent beneficiaries of this IRA. I hereby revoke all prior beneficiary designations, if any, made by me.

<u>X</u>

Signature of IRA Owner

Date (mm/dd/yyyy)

<u>X</u>

Signature of Witness

Date (mm/dd/yyyy)

Х

Signature of Spouse

Date (mm/dd/yyyy)

X Signature of Witness

Date (mm/dd/yyyy)