



Designate or Change Beneficiary Form

Mail to: AARP Funds, P.O. Box 8035, Boston, MA 02266-8035

Overnight address: AARP Funds c/o BFDS, 30 Dan Road, Canton, MA 02021

Phone: 1-800-958-6457

Use this form to designate or change beneficiaries for an Individual Retirement Account (IRA).

1. Account Information (Please print using capital letters and black ink.)

Account Owner's name (first, middle, last)

Fund Name(s) or Number(s)

Account Number(s)

Fund Name(s) or Number(s)

Account Number(s)

Street address

City

State

Zip

2. Designation of Beneficiary (Continued on back page)

I hereby make the following designation of beneficiary in accordance with State Street Bank & Trust Company's Traditional or Roth Individual Retirement Account Custodial Agreement:

Make payment in the proportions specified below. **If you list more than one primary beneficiary, the percentages must total 100%.** If any primary beneficiary predeceases me, his/her share is to be divided among the primary beneficiaries who survive me in the relative proportions assigned to each such surviving primary beneficiary.

PRIMARY BENEFICIARY(IES):

Name (first, middle, last)

Relationship

Birthdate (mm/dd/yyyy)

Social Security number/Tax Identification number

%

Name (first, middle, last)

Relationship

Birthdate (mm/dd/yyyy)

Social Security number/Tax Identification number

%

