

IRA Add/Change of Beneficiary



Advisors

Important: This IRA Change of Beneficiary form will supersede and replace all prior beneficiary designations once received and accepted. For more information about the IRA Custodian and the terms and conditions of the account, please carefully review the Wells Fargo Clearing Services (WFCS) IRA Disclosure Statement and Custodial Agreement. Review and complete document in full. **WFCS is the IRA Custodian for all IRA for clients who use WFCS as their broker-dealer or Wells Fargo Advisors Financial Network as their broker-dealer.**

Section 1: IRA Holder and Account Information

IRA Holder Name	Account Number (Required for WellsTrade® and Intuitive Investor® Accounts.)
IRA Type (select one) <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP/SAR-SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Inherited Traditional <input type="checkbox"/> Inherited Roth	
<input type="checkbox"/> Check this box if the IRA or Inherited IRA is for a minor.	

Please note, only the Estate can be named as the beneficiary for an IRA opened for a minor or an Inherited IRA opened for a minor.

Section 2: Beneficiary Information

If you prefer to name your beneficiary designations (names, contact information, percentages, etc.) on a separate signed and dated document instead of using this form, please do not complete **Section 2**. Note: Writing "see attached" in Section 2 is acceptable. Instead, proceed to **Section 3** to name a Personal Representative and follow submission instructions.

Important Information When Naming Minor Beneficiaries

If any of your designated beneficiaries are minors, you must designate a responsible individual called a Custodian under the Uniform Transfer to Minors Act (UTMA)/Uniform Gifts to Minors Act (UGMA) (collectively "UTMA") as adopted by the relevant state. The UTMA Custodian does not have to be the minor's parent or legal guardian. If you do not name a UTMA Custodian or the named Custodian is unable or unwilling to serve for any reason, the IRA Custodian may require a UTMA Custodian to be appointed by an authorized court. Unless the IRA Custodian is informed by you otherwise, the account will be set up using the UTMA Custodian's state of residence's default age. The UTMA Custodian will agree that he or she is responsible for determining the proper termination age. You should consult with an attorney or tax advisor before naming a minor as a beneficiary.

Primary Beneficiary

Provide the full legal name and beneficiary type for each listed beneficiary. Social Security number/Tax ID and date of birth are recommended but not required and can be provided at any time. The Trust Date, other than a testamentary trust, is required if a trust is designated as beneficiary.

Check "Per Stirpes" if you want the selected beneficiary's share of the IRA to go to their lineal descendants (generally children). This will only occur if you outlive the selected beneficiary or the beneficiary disclaims. If you select Per Stirpes, the IRA Custodian may require someone in a fiduciary capacity to provide instructions.

For a minor beneficiary, provide the full name of a responsible individual/designated UTMA Custodian (does not have to be the minor's parent or legal guardian).

Total percentage of benefits for the listed primary beneficiaries must equal 100%.

Investment and Insurance Products are: <ul style="list-style-type: none">• Not Insured by the FDIC or Any Federal Government Agency• Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate• Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC (WFCS), and Wells Fargo Advisors Financial Network, LLC, Members SIPC, separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company. WellsTrade brokerage accounts are offered through WFCS.

Office Use Only: Sub Firm # BR Code FA Code Account Number

Type (select one) <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Primary Beneficiary Name – 1 (If naming a spouse, do so here.)				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes
Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Primary Beneficiary Name – 2				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes
Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Primary Beneficiary Name – 3				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes
Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Primary Beneficiary Name – 4				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes
Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Primary Beneficiary Name – 5				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes

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Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Primary Beneficiary Name – 6				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes

Contingent Beneficiary

Contingent beneficiaries receive the assets if a Per Stirpes designation was not elected and the primary beneficiary(ies) dies prior to you or disclaims.

Provide the full legal name and beneficiary type for each listed beneficiary. Social Security number/Tax ID and date of birth are recommended but not required and can be provided at any time. The Trust Date, other than a testamentary trust, is required if a trust is designated as beneficiary.

Check "Per Stirpes" if you want the selected beneficiary's share of the IRA to go to their lineal descendants (generally children). This will only occur if you outlive the selected beneficiary or the beneficiary disclaims. If you select Per Stirpes, the IRA Custodian may require someone in a fiduciary capacity to provide instructions.

For a minor beneficiary, provide the full name of a responsible individual/designated UTMA Custodian (does not have to be the minor's parent or legal guardian).

Total percentage of benefits for the listed contingent beneficiaries must equal 100%.

Type (select one) <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Contingent Beneficiary Name – 1 (If naming a spouse, do so here.)				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes

Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Contingent Beneficiary Name – 2				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes

Office Use Only: Sub Firm # _____ BR Code _____ FA Code _____ Account Number _____

Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Contingent Beneficiary Name – 3				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes
Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Contingent Beneficiary Name – 4				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes
Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Contingent Beneficiary Name – 5				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes
Type (select one) <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Non-Spouse -Minor <input type="checkbox"/> Trust <input type="checkbox"/> Other Entity	Contingent Beneficiary Name – 6				
	If beneficiary is a minor provide the full name of responsible individual/UTMA Custodian				
	Address & Email				
	Social Security Number/Tax ID	Date of Birth/Trust	Phone Number	% of Benefits	<input type="checkbox"/> Per Stirpes

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Section 3: Personal Representative Designation, complete if applicable

Important: If submitting your beneficiary designations on a separate signed and dated document you will need to name a Personal Representative. Your Personal Representative is a named individual or a person serving in the role of Executor/Executrix or Trustee. Your Personal Representative will provide the IRA Custodian with any needed distribution instruction to be relied upon after your death. If the personal representative cannot serve, then we may seek additional clarification. Please seek legal advice before making this election. Your spouse should sign Section 5 if you live in a community/marital property jurisdiction, or elective share state and you are not designating your spouse as your 100% primary beneficiary.

Provide the individual's name or provide the role of either Executor/Executrix or Trustee

Section 4: Signature and Date

Important: IRA holder or authorized individual must sign and date. By signing below, you agree to the following:

- The beneficiary designation for the indicated IRA replaces any prior beneficiary designation.
- If Per Stirpes was selected, any named beneficiary's share shall be payable to their surviving lineal descendants.
- If you have not provided percentages for each beneficiary, the IRA shall be divided equally among primary or contingent beneficiaries.
- Unallocated amounts will be paid to the first named beneficiary when designations total at least 99% but less than 100%. In all other instances any unallocated amounts will be distributed on a pro rata basis among the primary or contingent beneficiaries, as applicable.
- Fractional shares not distributable in accordance with your instructions will be given to the beneficiary receiving the largest percentage of the IRA or, if each beneficiary is receiving an equal percentage, to the last to claim.
- If a designated beneficiary (including any contingent beneficiary) does not survive you, such beneficiary's interest shall lapse, and the percentage interest of any remaining beneficiary (including any contingent beneficiary) shall be increased on a pro rata basis unless your beneficiary designation allows otherwise.
- If you do not have a valid beneficiary designation on file at the time of your death, the default provisions will be used in accordance with the WFCS IRA Disclosure Statement and Custodial Agreement.
- If no designated UTMA Custodian is named, the IRA Custodian may require a designated UTMA Custodian to be appointed by an authorized court.
- The beneficiary designation is not effective until the IRA Custodian has received and accepted this document.

Signature of IRA Holder or Authorized Individual

Signature of IRA Holder or Authorized Individual	Printed Name of IRA Holder or Authorized Individual	Date Primary Holder Signed
X		

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Section 5: Spousal Consent *(not required if establishing an Inherited IRA)*

Important: Your spouse should sign below if you live in a community/marital property jurisdiction, or elective share state and you are not designating your spouse as your 100% primary beneficiary. Community property states include but are not limited to residents of Arizona, California, Idaho, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico). Note that in Alaska, community property rules may be adopted by an agreement signed by the married couple. Some states may request different witness or notarization requirements. You are solely responsible for determining if spousal consent is necessary and for determining if you have satisfied such state's consent requirements. If you do not have spousal consent when it is required, your spouse could assert their property rights to your IRA. Distribution of your IRA could be delayed, and we may require a court order providing instructions on how to distribute your account.

If you chose to submit a supplemental document and you have determined spousal consent is necessary according to your state's requirements, you should have your spouse sign below to acknowledge they have reviewed the attached, signed beneficiary document.

Signature of IRA Holder's Spouse

Signature of IRA Holder's Spouse	Printed Name of IRA Holder's Spouse	Date Spouse Signed
X		

Witness/Notary signature optional:

A notary and/or witness(es) are not required in order to complete this form. You should work with your legal counsel to determine whether your state requires a notary and/or witness(es) in order for spousal consent to be valid. Our goal is to make sure your wishes are followed when naming someone other than your spouse as your beneficiary. However, by not working with legal counsel to determine your state's spousal consent requirements, your beneficiary designation to someone other than your spouse may be challenged after your death.

Signature of Witness(es)

Signature Witness 1	Printed Name Witness 1	Date Witness 1 Signed
X		
Signature Witness 2	Printed Name Witness 2	Date Witness 2 Signed
X		

Notarization of Spousal Signature

State _____ County _____

Subscribed and sworn to before me

This _____ day of _____ in the year _____

(Signature of Notary Public)

My commission expires: _____

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For Wells Fargo Advisors Clients: For non-electronic signatures, contact your Financial Advisor for instructions on returning this form.

For Wells Fargo Advisors Solutions, WellsTrade® and Intuitive Investor® Clients only: Submit your Completed Form via Secure Email, or Mail (for Non-Electronic Signatures)

Ensure all sections are complete and that the form is signed and dated.

Secure Email: (available from computers and tablets only):

1. Scan or take photos of your completed form.
 - Include your Wells Fargo Advisors account number on each document.
 - Documents must be clear, legible and include all pages.
2. Select wellsfargo.com/senddocument to access the Message Center.
3. Choose Attach Documents, then select Send. Please note that attachments cannot be larger than 25 MB

Mail: Wells Fargo Advisors, Attention: MAC N9160-01P

PO Box 77046, Minneapolis, MN 55480-9902

Should you require assistance with this form, please call 1-800 TRADERS (1-800-872-3377).