

Slavic Managed IRA Beneficiary Designation Form



Rollover Traditional IRA

Rollover Roth IRA

First Name

Middle Name

Last Name

Indicate the percent of your account to be distributed to the primary beneficiary (ies) upon your death. The total must equal 100%.

Primary Beneficiary (ies)

Name (First, MI, Last)	Relationship	Social Security	Date of Birth	Share%
1.				
2.				
3.				

Secondary Beneficiary (ies)

Name (First, MI, Last)	Relationship	Social Security	Date of Birth	Share%
1.				
2.				
3.				

SPOUSAL CONSENT

This section should be reviewed if either the trust or the residence of the IRA holder is located in a community or marital property state and the IRA holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

- I Am Not Married** – I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiary form.
- I Am Married** – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

(Signature of Spouse)

(Date)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

(NOTARY SEAL)

Personally Known __ OR Produced Identification __ Type of Identification Produced _____

I make the Designation of Beneficiary specified above and revoke any previous designations made for my Slavic Managed IRA identified above. I understand that the Beneficiaries' names may be revoked at any time by filing a written revocation or designation.

IRA Holder Signature

(Date)

Mail or Fax the Completed Form to:

Mid Atlantic Capital Corp c/o Slavic
1075 Broken Sound Parkway NW Ste. 100, Boca Raton, FL 33487-3540
T | 800-356-3009 or 561-241-9244 F | 561-241-1070