



Beneficiary Designation for Traditional and Roth IRAs

Return completed forms as follows:

Questions? Call us at 1-888-502-2967

Mail: Axos Bank
 ATTN: Retirement Services
 PO Box 911039
 San Diego, CA 92191-1039
 Fax: 858-649-2969
 E-mail: RetirementServicesSupport@axosbank.com

Account and Owner Information (print clearly)	
Name: _____	Account Number: _____
Date of Birth: _____	Phone Number: _____
SSN/Tax ID: _____	Email: _____
Current Address (if different than address on file additional documentation will be required): _____ _____ _____	
Account Type (select one)	
<input type="radio"/> Traditional <input type="radio"/> Roth	
Beneficiary Designation	
<p>I designate that upon my death, the funds in this plan be paid to the beneficiaries named below. If a named beneficiary should predecease me their interest in the funds in this plan terminates completely and the remaining beneficiaries have their interest in the funds increased on a pro rata basis. In the event that all named beneficiaries predecease me, my estate will be my beneficiary.</p> <p>*****The total percentage designated per class of beneficiary must equal 100%. If no percentage is designated and more than one beneficiary is named in a particular class, the beneficiaries will determined to own an equal share of the funds in the plan*****</p>	
Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____	Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____
Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____	Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____
Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____	Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____
Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____	Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____

Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____	Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____
Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____	Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____
Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____	Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____
Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____	Select One: ___ Primary ___ Contingent Name: _____ Address: _____ City/State/Zip: _____ Date of Birth: _____ Relationship: _____ SSN/TIN: _____ Percentage Designated: _____
Current Marital Status <ul style="list-style-type: none"> ○ I am not married – I understand that if I become married in the future, I should review the community property laws that may apply to beneficiary designations within my state of residence. ○ I am married – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, I should review the community property laws that may apply to beneficiary designations within my state of residence and my spouse must sign below: 	
Spousal Consent I am the spouse of the above named IRA owner and I do give consent to the beneficiary designation documented above. I acknowledge that my consent to the above beneficiary designation relinquishes my interest in this IRA in part or full. I certify that Axos Bank™ and/or any of its agents has not provided me with legal advice and that I must consult my own legal professional for any clarification of the consequences of providing my consent to the above beneficiary designation.	
Signature of Spouse: Date: _____	
Signature I certify that all information provided by me is true and accurate, that Axos Bank and/or any of its agents have not provided me with tax or legal advice. I designate the persons or entities documented above as my primary and/or contingent beneficiaries of this IRA. I understand that my beneficiary designation will remain in place unless and until I alone replace them by completing and delivering a new Beneficiary Designation form to the IRA Custodian. The IRA Custodian shall not accept any other document to designate a beneficiary of this IRA, and shall accept no Beneficiary Designation form that has been completed and submitted on my behalf by a third party. By submitting this form I am revoking all prior beneficiary designations for this IRA.	
Account Owner Signature: Date: _____	
Notary Public/Signature Guarantee (required for dormant accounts): Date: _____	