

# Designation of Beneficiary

Please complete all sections of this form, including required signature(s), to change the beneficiary for your IRA.

## Account Information

Name of Depositor (First, Middle, Last)

Fund Name

Account Number

As Depositor, I hereby make the following designation of beneficiary in accordance with the State Street Bank and Trust Company Traditional Individual Retirement Custodial Account or Roth Individual Retirement Custodial Account: In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). 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.

## Account Information

Name	Relationship	Date of Birth	Social Security or Tax Identification Number	Proportion %
------	--------------	---------------	--	--------------

If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his/her share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

## Alternate Beneficiary or Beneficiaries

Name	Relationship	Date of Birth	Social Security or Tax Identification Number	Proportion %
------	--------------	---------------	--	--------------

## Signatures

I understand that the beneficiaries named herein may be changed or revoked at any time by filing a new designation in writing with the Custodian. All forms must be acceptable to the Custodian and dated and signed by the Depositor.

X

Signature of Depositor

Date

If Depositor's spouse is not designated as the sole primary beneficiary, spouse must sign the following consent. It is the Depositor's responsibility to determine if this section applies. *I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result:*

X

Signature of Spouse

Date

## Mailing Instructions

### Regular Mail

RS Investments  
c/o Boston Financial Data Services  
P.O. Box 219717  
Kansas City, MO 64121-9717

### Overnight Mail

RS Investments  
c/o Boston Financial Data Services  
330 West 9th Street, 1st Floor  
Kansas City, MO 64105