

Important information about beneficiary designation

A beneficiary is a designated individual or entity that will inherit the assets in your Delaware EARNs account. Use this form to indicate the beneficiary or beneficiaries that will receive your assets in the event of your death. If you do not designate a beneficiary or if all your primary and contingent beneficiaries predecease you, in the event of your death, your IRA will be paid to your estate.

This beneficiary designation overrides all previous designations for this IRA.

Contact us:

9am to 6pm Eastern Time, M-F

Employer assistance:

1-855-934-3701

Employee assistance:

1-844-609-1784

Completed forms should be mailed to:

Delaware EARNs
PO Box 534441
Pittsburgh, PA 15253-4441

Overnight address:

Delaware EARNs
500 Ross Street, 154-
0520
Pittsburgh, PA 15262

EARNsDelaware.com

1 IRA owner information (All fields required)

Account number

Social Security or taxpayer identification number

IRA owner legal name (First)

(M.I.)

IRA owner legal name (Last)

Telephone number (In case we have a question about your account)

2 Beneficiary designation (All fields required)

Primary beneficiaries

(The total percentage designated for all primary beneficiaries of this IRA must equal 100%. Use whole numbers when indicating the percentage for the beneficiary(ies). If more than one beneficiary is designated and no percentages are provided, the beneficiaries will be deemed to own equal share percentages in the IRA.)

First name/trust name/entity (M.I.)

Last name/trust name/entity

____ _ - ____ _ - ____ _ - ____ _
Social Security or taxpayer identification number Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO box)

____ _ - ____ _ - ____ _ - ____ _
City State ZIP code

Relationship ☐ My spouse ☐ My child ☐ My relative ☐ Other

____ _ %
Percent designated

First name/trust name/entity (M.I.)

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Last name/trust name/entity

____ _
Social Security or taxpayer identification number

____ _
Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO box)

City

State

____ _
ZIP code

Relationship ☐ My spouse ☐ My child ☐ My relative ☐ Other

____ _ %
Percent designated

1 0 0 %

Total percentage of all primary beneficiaries

Contingent beneficiaries

(The total percentage designated for all contingent beneficiaries of this IRA must equal 100%. Use whole numbers when indicating the percentage for the beneficiary(ies). If more than one beneficiary is designated and no percentages are provided, the beneficiaries will be deemed to own equal share percentages in the IRA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)

First name/trust name/entity (M.I.)

Last name/trust name/entity

____ _
Social Security or taxpayer identification number

____ _
Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO box)

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City State ZIP code

Relationship ☐ My spouse ☐ My child ☐ My relative ☐ Other

_____%
Percent designated

First name/trust name/entity (M.I.)

Last name/trust name/entity

Social Security or taxpayer identification number Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO box)

City State ZIP code

Relationship ☐ My spouse ☐ My child ☐ My relative ☐ Other

_____%
Percent designated

1 0 0 %

Total percentage of all contingent beneficiaries

☐ Check here if additional Contingent beneficiaries are listed on an attached page(s).
Please confirm the total number of Contingent Beneficiaries for this IRA

3 IRA owner signature

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to Delaware EARN\$. Neither the IRA custodian nor Delaware EARN\$ has provided tax or legal advice to me regarding my beneficiary designations.

Signature of IRA owner

____ - ____ - ____ - ____
Date (mm/dd/yyyy)