



## IRA Designation of Beneficiary

PLEASE PRINT ALL ITEMS CLEARLY

This form may be used to add or change a beneficiary designation on your Individual Retirement Account (IRA)

**Mail To:** Lufthansa Employee FCU  
1065 Old Country Rd, Suite 215 Westbury, NY 11590

**Fax To:**

Lufthansa Employee FCU  
(516) 916-5351

### 1. IRA HOLDER INFORMATION

Type: ☐ Traditional ☐ Roth ☐ Edu.

First Name

MI

Last Name

Suffix

Social Security Number

Date of Birth (mm/dd/yyyy)

Street Number

Street Name

Apt. # / Suite

P.O. Box

City

State

Zip Code

Telephone Number

IRA Account Number

### 2. DESIGNATION OF BENEFICIARY(IES)

Please note that the percentages of designation(s) below must total 100%. If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When a percentage is not indicated, the beneficiaries' shares will be divided equally. If any Primary Beneficiary predeceases me, his or her share is to be divided among the Primary Beneficiary(ies) who survives me in the relative percentages assigned to each surviving Primary Beneficiary(ies).

#### Primary Beneficiaries

I designate the individual(s) named below as Primary Beneficiary(ies) to receive payment of the balance of my IRA account above upon my death. Please list any other Primary Beneficiary(ies) on a separate page.

Name	Percentages of Designation(s)	Date of Birth (or Date of Trust) (mm/dd/yyyy)	Social Security Number	Relationship
(A)	%			
Address:				
(B)	%			
Address:				
(C)	%			
Address:				
(D)	%			
Address:				

### Contingent Beneficiaries

Contingent Beneficiary(ies) will only receive the account if the Primary Beneficiary(ies) predeceases the account owner. Please list any other Contingent Beneficiary(ies) on a separate page.

Name	Percentages of Designation(s)	Date of Birth (or Date of Trust) (mm/dd/yyyy)	Social Security Number	Relationship
(A)	%			
Address:				
(B)	%			
Address:				
(C)	%			
Address:				
(D)	%			
Address:				

### 3. SPOUSAL CONSENT (for use in community or marital property states)

#### 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.

This Beneficiary Designation may have important tax or estate planning effects. Also, if you are married and reside in a community property or marital property state (e.g., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your account. Consult legal counsel or a tax advisor for additional information and advice.

This section should be reviewed if you are married and designate a beneficiary other than your spouse. It is your responsibility to determine if this section applies. UMB Bank, N.A., IVA Funds, DST Asset Manager Solutions, Inc., and any affiliate and/or any of their directors, trustees, employees, and agents are not liable for any consequences resulting from your failure to provide proper spousal consent.

I am the spouse of the above-named IRA owner. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to consult legal counsel or a tax advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, Lufthansa Employee Federal Credit Union.

Signature of Spouse

Date (mm/dd/yyyy)

Signature of Witness for Spouse

Date (mm/dd/yyyy)

### 4. SIGNATURE & AUTHORIZATION

I hereby make the above beneficiary designations for the above IRA account in accordance with Lufthansa Employee Federal Credit Union Individual Retirement Account Custodial Agreement. I revoke all prior designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the Custodian. If I am not survived by any designated beneficiary(ies), then the account proceeds will be distributed in accordance with the terms of the applicable retirement account agreement.

Signature of Account Owner

Date (mm/dd/yyyy)