

Individual Retirement Account Beneficiary Change Form

Mail to: Pearl Mutual Funds, 2610 Park Ave., PO Box 209, Muscatine IA 52761

1-866-747-9030 (toll free)

(563) 288-4101 (fax)

info@pearlfunds.com (email)



Complete this form to change your designated Primary or Contingent Beneficiary(ies). A beneficiary must survive you to receive anything. If your Primary Beneficiary(ies) do not survive you, your Contingent Beneficiary(ies) will receive the funds. If more than one person is named and no percentage is indicated, a joint tenancy with the right of survivorship will be deemed to have been created. If the beneficiary is a trust, please indicate the date of the trust and the trustee(s) name.

Shareholder's Name – First Name Middle Initial Last Name

Full Fund Name Account Number

Social Security Number Date of Birth

Type of Account – Check One IRA Roth IRA SEP-IRA Simple IRA

Depositor's Designation: I hereby revoke any previous beneficiary designation. In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA.

Primary Beneficiaries: Please check here if you have attached a separate sheet with additional Primary Beneficiaries. Sign and date the sheet.

Name % of Distribution Name % of Distribution

Street Street

City State Zip Code City State Zip Code

Birth Date Relationship Birth Date Relationship

Social Security Number Telephone Social Security Number Telephone

Contingent Beneficiaries: Please check here if you have attached a separate sheet with additional Contingent Beneficiaries. Sign and date the sheet.

Name % of Distribution Name % of Distribution

Street Street

City State Zip Code City State Zip Code

Birth Date Relationship Birth Date Relationship

Social Security Number Telephone Social Security Number Telephone

X
OWNER's Signature Date

Consent of Owner's Spouse: Spousal consent is required in community property and marital property states where an IRA Depositor wishes to name a beneficiary other than, or in addition to, the spouse. Spouses of Depositors who reside in community property or marital property states (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign the consent below.

I hereby consent to and join in the designation of beneficiary above. I give the Depositor any interest I have in the funds deposited in this account.

X
Signature of Depositor's Spouse (if applicable) Date