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Retirement Account Beneficiary Designation Form

ACCOUNT INFORMATION

Full Name/Account Title: _____ Social Security Number: _____
 Street Address(no P.O. Box): _____
 City: _____ State: _____ Zip Code: _____

BENEFICIARIES (Attach a sheet to designate additional beneficiaries)

Name: _____ (_____ %) Primary _____ Contingent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Social Security Number: _____ Birthdate: _____
 Phone: _____ Email: _____

Name: _____ (_____ %) Primary _____ Contingent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Social Security Number: _____ Birthdate: _____
 Phone: _____ Email: _____

Spousal Consent (Required if your spouse is not named as sole primary beneficiary and you reside in a community or marital property state. You should consult with your own legal or tax adviser to determine if spousal consent is required.)

I am the spouse for the above-named IRA account owner. I acknowledge that a designation of a non-spouse beneficiary may not be effective in my state without my consent. I hereby consent to the beneficiary designation(s) stated above.

Signature of Spouse _____ Date _____

PLEASE UPDATE BENEFICIARY INFORMATION FOR (Please Select One)

- All retirement accounts for this tax ID/Social Security number
- Only the following accounts (List all that apply)

SIGNATURE

This is your authorization and instruction to maintain these people as beneficiaries until otherwise instructed.

Owner Signature _____ Date _____