

## IRA/HSA/CESA Designation of Beneficiary/Adoption Agreement

**INST. (check one):**  State Employees' CU  Local Government FCU  NC Press Association FCU  Latino Community CU

Account Owner Information					
Name	Account Number	SSN/TIN	Address	Date of Birth	Daytime Phone No.

**Acct type (check one):**  Traditional IRA  Roth IRA  SEP IRA  Beneficiary IRA  Beneficiary Roth IRA  Coverdell ESA  Health Savings Acct

**Contribution Type (Check one if new account):**  Current Year  Prior Year  Rollover (funds paid to member being replaced within 60 days)  
 Transfer (funds paid to credit union from account of the same type)  Direct Rollover (funds paid to credit union from employer plan, i.e. 401(k))  
 Conversion to Roth IRA  Recharacterization

**Initial deposit amount (for new accounts only):**

PRIMARY BENEFICIARY SELECTIONS						
Name	Relationship to Owner	DOB	SSN/TIN	%	Per Stirpes? (Yes or No)	Address

CONTINGENT BENEFICIARY SELECTIONS						
Name	Relationship to Owner	DOB	SSN/TIN	%	Per Stirpes? (Yes or No)	Address

### Beneficiary Designations

I hereby designate the above as primary or contingent beneficiary(ies) of this account. If I name more than one beneficiary but do not specify a percentage to which they are entitled, the designated beneficiaries will receive equal shares. In the event the percentages at each beneficiary level are greater or less than 100%, the credit union shall reallocate each beneficiary's interest on a pro-rata basis, so that the interests on each beneficiary level total 100%. In the event that I list percentages for some beneficiaries but not others, the undesignated interest shall be split evenly between all beneficiaries for whom a percentage was not listed. If neither primary nor contingent is checked, the named individual or entity will be deemed a primary beneficiary. I revoke all prior account beneficiary designations, if any, made by me. I understand that I may change or add beneficiaries at any time by completing, signing and delivering a new beneficiary designation to the credit union. If any primary beneficiary dies before me, his or her interest shall be allocated among the remaining primary beneficiaries on a pro-rata basis, unless the deceased primary beneficiary has a Per Stirpes designation. If there are no remaining primary beneficiaries, the interest shall be allocated among the contingent beneficiaries, unless a deceased primary beneficiary has a Per Stirpes designation. If any contingent beneficiary dies before me, his or her interest shall be allocated among the remaining contingent beneficiaries on a pro-rata basis, unless the deceased contingent beneficiary has a Per Stirpes designation. If there are no remaining beneficiaries, the interest will pass to my estate. **Per Stirpes Designations:** Per Stirpes is an optional designation. For purposes of this beneficiary designation form, if Per Stirpes is elected for a particular beneficiary, and that beneficiary dies before me, I understand that the deceased beneficiary's interest shall be allocated equally to his or her surviving sons and daughters. I further understand that if I choose a Per Stirpes designation, it shall be the responsibility of my personal representative to provide the credit union with proof of the death of the named beneficiary and the names and addresses of any persons entitled to the deceased beneficiary's interest. If my personal representative fails to do so by September 30th of the year following the year of my death, or if there are no surviving sons or daughters of the deceased beneficiary, the interest shall be allocated as if no Per Stirpes designation had been made.

### Adoption Agreement

I understand the eligibility requirements for the type of deposit I am making and I state that I do qualify to make the deposit. Unless this is a beneficiary IRA, I acknowledge that I have received a copy of this form and the 5305 Plan Agreement and Disclosure Statement. I understand the terms and conditions which apply to this account are outlined in the 5305 Plan Agreement and Disclosure Statement. I agree to be bound by those terms and conditions. I understand that unless I am opening a Health Savings Account or a Coverdell Education Savings Account, I can revoke this account without penalty by mailing or delivering a written notice to the credit union within seven (7) days of the account opening date. I assume complete responsibility for:

1. Determining my eligibility for any contributions to this account.
2. Insuring that all contributions I make are within the limits set forth by the tax laws.
3. Accepting any tax consequences resulting from distributions or ineligible contributions (including rollover contributions).

X \_\_\_\_\_  
Account Owner's Signature Date

\*\*\*Signature not valid unless page 2 of this form is notarized\*\*\*

**\*IRB00000000\***

\*IRB00000000\*

FOR CREDIT UNION USE ONLY	
Employee Name:	SECU Branch:

IRA/HSA/CESA Account Owner Information	
Name	Account Number

**Acknowledgement for IRA/HSA/CESA Designation of Beneficiary/Adoption Agreement**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I certify that \_\_\_\_\_ personally appeared before me this day, acknowledging to me that he or she signed the foregoing IRA/HSA/CESA Designation of Beneficiary/Adoption Agreement.

I further certify that (select one of the following identification options):

- I have personal knowledge of the identity of the principal(s)
- I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a \_\_\_\_\_  
type of identification
- A credible witness, \_\_\_\_\_, has sworn or affirmed to me  
name of credible witness  
the identity of the principal, and that he or she is not a named party to the foregoing document, and has no interest in the transaction.

Date: \_\_\_\_\_  
Notary Public

(Official Seal)

\_\_\_\_\_  
Typed or Printed Notary Name

My commission expires: \_\_\_\_\_