

# Brokerage IRA Designation of Beneficiary



## 1 Participant Information

Name

U.S. Social Security number

Address

Telephone number

Date of birth (month-day-year)

(Note: Spousal consent may be required. See step 4.)

## 2 Account Information

Provide your brokerage account number(s). If a new account, please leave blank.

**I would like this designation of beneficiary to apply to my (Please check the account types for the beneficiaries named on this form.):**

Traditional IRA 4MV- \_\_\_\_\_

SEP IRA 4MV- \_\_\_\_\_

Rollover IRA 4MV- \_\_\_\_\_

Beneficiary Roth IRA 4MV- \_\_\_\_\_

SIMPLE IRA 4MV- \_\_\_\_\_

Beneficiary Traditional IRA 4MV- \_\_\_\_\_

Roth IRA 4MV- \_\_\_\_\_

## 3 Beneficiary Information

### Read before you complete your designation

- Provide all information requested. **You must sign and date in step 5 to make your designation effective.**
- If you are married, spousal consent may be required. Please see page 4 for details.
- If a trust is your beneficiary, consult your attorney and submit a copy of the title page, signature page, and any other pages of the trust document that reveal the order of successor trustees.
- American Century Brokerage will pay benefits only to those beneficiaries living at the time of your death.

### If you already have a designation on file with us

This designation replaces any you have on file for the accounts listed on this application. If you do not name a beneficiary here, your existing American Century Brokerage IRA designation for the accounts listed will apply. IRA beneficiary designations for accounts held directly with American Century Investments do not apply to American Century Brokerage.

**Step 3 continued on page 2**

## Beneficiary Information (continued)

### Primary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than four primary beneficiaries, photocopy this page and attach it.** If any of your primary beneficiaries are not living at the time of your death, the benefits will be divided proportionately among the remaining primary beneficiaries.

In the event of my death, pay the balance of the retirement account(s) I indicated in step 2 to:

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

<b>Total must equal 100%</b>
----------------------------------

**If you do not indicate percentages, American Century Investments will pay benefits in equal shares.**

**Step 3 continued on page 3**

## Beneficiary Information (continued)

### Secondary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than four secondary beneficiaries, photocopy this page and attach it.** If any of your secondary beneficiaries are not living at the time of your death, the benefits will be divided proportionately among the remaining secondary beneficiaries.

If none of my primary beneficiaries listed on this form are living at the time of my death, pay the balance of the retirement account(s) I indicated in step 2 to:

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

<b>Total must equal 100%</b>
----------------------------------

**If you do not indicate percentages, American Century Investments will pay benefits in equal shares.**

## 4 Spousal Consent

**If your spouse has NOT been named as the sole primary beneficiary, spousal consent may be required.**

It is the account owner's responsibility to determine if spousal consent is required and to ascertain if the language on this form satisfies applicable state statutes. American Century Investment Services, Inc., State Street Bank and Trust Company, and any affiliate and/or any of their directors, officers, trustees, employees and agents are not liable for any consequences resulting from your failure to provide spousal consent.

Generally, notarized spousal consent is required if your account is a retirement account **and** you live in a community property state.

### Spousal Consent

**As the spouse, by signing my name below, I acknowledge that:**

- I have read this *Brokerage IRA Designation of Beneficiary* and understand that my spouse did **NOT** designate me as sole primary beneficiary.
- I voluntarily, unconditionally, and irrevocably consent to this *Brokerage IRA Designation of Beneficiary* and understand that if I were to decline to sign this consent, as the account owner's surviving spouse, I would be entitled to 100% of any death benefits payable at the time of the account owner's death.

\_\_\_\_\_  
Name of spouse (please print)



\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date

### Acknowledgement

**This section must be completed by a notary public.**

\_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, appeared before me in person, the person whose signature appears above, to me personally known to be the person who executed the above foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

\_\_\_\_\_  
Notary public's signature (Seal)

\_\_\_\_\_  
Commission expires (month-day-year)

**Please make sure you sign and date this form in step 5.**

## 5 Participant Signature

---

### For All Account Owners

- Be sure to obtain spousal consent in step 4, if necessary.
- Review and update your designation periodically, especially if there is a change in your family status (marriage, divorce, adoption of children, death of a family member) or if the information for a beneficiary changes. In the event of a divorce, a designation of a former spouse may not be valid unless you re-designate your former spouse by submitting a new beneficiary form after the divorce is final.

Upon acceptance by American Century Investments, your designation revokes all previous beneficiary designations for the account you selected in step 2. You may change your beneficiaries at any time and the change is effective when the Custodian and plan administrator, if applicable, receives and accepts it. If your designation is not accepted, any prior designation will remain in effect.



---

Signature

Date

**American Century Investments**  
P.O. Box 419146  
Kansas City, MO 64141-6146  
Investment Specialist: 1-888-345-2071

**For Overnight Deliveries:**

**American Century Investments**  
Attn: Brokerage  
430 W. 7th St.  
Kansas City, MO 64105-1407  
[americancentury.com/brokerage](http://americancentury.com/brokerage)