



Account Number

□□□-□□□□□□

Social Security Number (required)

□□□-□□-□□□□

# Premiere Select® IRA Beneficiary Designation Form

Please complete all sections of this form to designate a beneficiary or to change a beneficiary for your Premiere Select Traditional IRA, Roth IRA, Rollover IRA or SEP-IRA. If you are changing a beneficiary designation, the information you provide on this form will replace any previous designations you may have made for the IRA specified herein. Leaving the contingent beneficiary designation section blank constitutes an update and will result in the removal of any contingent beneficiary information you may have on file. If you have more than one Premiere Select IRA, you must complete a separate form for each IRA.

Investment Advisory Firm

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## 1 Account Information

Name

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(Please choose IRA type)  Traditional IRA  Roth IRA  Rollover IRA  SEP-IRA

## 2 Beneficiary Designation

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my Premiere Select IRA specified above upon my death.

Note: (1) If you wish to designate your estate as your beneficiary, please indicate "Estate" in the Primary Beneficiary section.

(2) If your account contains community property and you do not designate your spouse as your primary beneficiary for at least 50% of the value of your account, you may want to consult with your attorney or tax advisor to determine the impact of community property laws on your beneficiary designation.

PRIMARY BENEFICIARIES	
1. Name of Beneficiary or Trust □□□□□□□□□□ Name of Trustee (if applicable) □□□□□□□□□□ Share %* □□□□.□□□	Birth Date or Date of Trust □□-□□-□□□□□□ Social Security or Tax ID # □□□□-□□-□□□□□□ Relationship (x): Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> Per Stirpes** <input type="checkbox"/>
2. Name of Beneficiary or Trust □□□□□□□□□□ Name of Trustee (if applicable) □□□□□□□□□□ Share %* □□□□.□□□	Birth Date or Date of Trust □□-□□-□□□□□□ Social Security or Tax ID # □□□□-□□-□□□□□□ Relationship (x): Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> Per Stirpes** <input type="checkbox"/>
3. Name of Beneficiary or Trust □□□□□□□□□□ Name of Trustee (if applicable) □□□□□□□□□□ Share %* □□□□.□□□	Birth Date or Date of Trust □□-□□-□□□□□□ Social Security or Tax ID # □□□□-□□-□□□□□□ Relationship (x): Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> Per Stirpes** <input type="checkbox"/>

\* Please Note: Total of primary beneficiary(s) share percentages must equal 100%. Must be in percentages, do not use dollar amounts.

\*\* Please consult with an estate planning attorney before utilizing the Per Stirpes designation. If you check the Per Stirpes box, then you are agreeing that if the specified beneficiary(ies) predeceases you, his or her share of the account will pass through to his or her descendants. Per Stirpes will be construed and defined according to the laws of the Commonwealth of Massachusetts in force at the time of death of the depositor.

Complete this section if you have selected the Per Stirpes designation. If you do not complete this section or if the contact named is unavailable or unable to act, the contact will default to your executor. If you need to update the contact name in the future you can do so by submitting either a Letter of Instruction or another Premiere Select IRA Beneficiary Designation Form completed in its entirety.

Contact/Executor Name

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If more than one person is named and no share percentages are indicated, payment shall be made to my primary beneficiary(ies) who survive me in equal shares. If a percentage is indicated and a primary beneficiary(ies) does not survive me, unless I have checked the Per Stirpes box above, the percentage of that beneficiary(s) designated share shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary living at the time of my death, I hereby specify that the balance is to be distributed to my contingent beneficiary(ies) listed below.

CONTINGENT BENEFICIARIES	
1. Name of Beneficiary or Trust <input type="text"/> Name of Trustee (if applicable) <input type="text"/> Share %* <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Birth Date or Date of Trust <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (x): Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> Per Stirpes** <input type="checkbox"/>
2. Name of Beneficiary or Trust <input type="text"/> Name of Trustee (if applicable) <input type="text"/> Share %* <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Birth Date or Date of Trust <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (x): Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> Per Stirpes** <input type="checkbox"/>
3. Name of Beneficiary or Trust <input type="text"/> Name of Trustee (if applicable) <input type="text"/> Share %* <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Birth Date or Date of Trust <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (x): Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> Per Stirpes** <input type="checkbox"/>

\* Please Note: Total of contingent beneficiary's(ies) share percentages must equal 100%. Must be in percentages, do not use dollar amounts.  
 \*\* Please consult with an estate planning attorney before utilizing the Per Stirpes designation. If you check the Per Stirpes box, then you are agreeing that if the specified beneficiary(ies) predeceases you, his or her share of the account will pass through to his or her descendants. Per Stirpes will be construed and defined according to the laws of the Commonwealth of Massachusetts in force at the time of death of the depositor.

I understand that payment to my contingent beneficiaries will be made according to the rules of succession described above under Primary Beneficiaries. If I have elected to convert a Traditional IRA, Rollover IRA, SEP-IRA, or SIMPLE IRA, other than a Premiere Select IRA, to a Premiere Select Roth IRA, I designate the persons named above as primary or contingent beneficiary(ies) to receive the value of the Premiere Select IRA established to facilitate the conversion and the Premiere Select Roth IRA. I understand that payment to any beneficiary(ies) of my Premiere Select IRA established to facilitate a conversion will be made according to the rules of succession as described above.

Please Note: Any attachments for additional beneficiaries must include your account number, your signature, and must be dated.

### 3 Signature

I understand that if I have not previously designated any beneficiary(ies) and choose not to designate any beneficiary(ies), the beneficiary of the above referenced Premiere Select IRA will be my surviving spouse, or, if I do not have a surviving spouse, my estate. I am aware that this designation becomes effective when received and accepted by Fidelity Brokerage Services LLC ("FBS") and will remain in effect until FBS receives and accepts another designation with a later date.

I understand that if I change my beneficiary designation at any time during the year, it is my responsibility to inform FBS, in a letter of instruction, of the impact of any such changes to any previously requested Required Minimum Distribution ("RMD") calculations and that my RMD amount may increase or decrease. I further understand that if I fail to instruct FBS as to the impact of any beneficiary change on an RMD calculation, subsequent distributions in my payout plan may not satisfy my RMD requirements. (Consult with your tax advisor to determine how a beneficiary change may affect your RMD amount.)

I understand the beneficiary information provided herein shall apply to the Premiere Select IRA indicated above for which Fidelity Management Trust Company (or its affiliates and/or successor custodian appointed pursuant to the terms of such IRA) acts as Custodian and shall replace all previous designation(s) I have made for the Premiere Select IRA indicated above.

Signature of IRA Owner  Date   -   -