



DESIGNATION OF BENEFICIARY FORM

WHEN TO USE THIS FORM

When you need to add, change or remove a beneficiary on your account.

Primary Beneficiary(ies) – The person(s) or entity you choose to receive your account upon your death. In the event that a designated primary beneficiary predeceases the account owner, their share will be paid according to the per capita or per stirpes on the form. If no selection is made, payment will default to per capita.

Secondary Beneficiary(ies) – The person(s) or entity you choose to receive your account if the primary beneficiary(ies) pass away (or the entity dissolves) before your death. In the event that a designated secondary beneficiary predeceases the account owner, the account will be shared equally between the remaining secondary beneficiary(ies).

INSTRUCTIONS AND GUIDELINES

There are two options for utilizing our online forms:

1. You may print this blank form, fill it out, sign it and mail it to JVB.
2. Or, you can type your information directly on the form below, print it out, sign it and mail it to JVB.

When completing the Trustee Transfer Authorization Form please follow these guidelines:

- **Complete all sections** of this form.
- **Sign and date** section 1 below
- **Mail** completed and signed form to JVB (address below) and we will accept and send you a signed form for your records.

CONTACT INFORMATION

| Mailing Address | Telephone | Website |
|---|----------------|-------------------|
| JVB C/O IRA PROCESSING PO Box 66 Mifflintown, PA 17059 | (855) 582-5101 | www.jvbonline.com |

ACCOUNT OWNER INFORMATION

| | |
|--------------------------|----------------|
| Name: | Acct #: |
| Address: | SS #: |
| City, State, Zip: | DOB: |

- IRA Change of Beneficiary

I hereby designate as beneficiary(ies) to whom the interest in this Retirement Account shall be paid in the event of my death.



DESIGNATION OF BENEFICIARY FORM

PRIMARY BENEFICIARY(IES)

| | | | | |
|-----------------|--------------|----------------------|-------------|-------------|
| Name: | SS #: | Relationship: | | DOB: |
| Address: | City: | State: | Zip: | %: |

| | | | | |
|-----------------|--------------|----------------------|-------------|-------------|
| Name: | SS #: | Relationship: | | DOB: |
| Address: | City: | State: | Zip: | %: |

| | | | | |
|-----------------|--------------|----------------------|-------------|-------------|
| Name: | SS #: | Relationship: | | DOB: |
| Address: | City: | State: | Zip: | %: |

If there is no primary beneficiary living at the time of my death, I hereby specify that the balance be distributed to my contingent beneficiary(ies) listed below:

SECONDARY BENEFICIARY(IES)

| | | | | |
|-----------------|--------------|----------------------|-------------|-------------|
| Name: | SS #: | Relationship: | | DOB: |
| Address: | City: | State: | Zip: | %: |

| | | | | |
|-----------------|--------------|----------------------|-------------|-------------|
| Name: | SS #: | Relationship: | | DOB: |
| Address: | City: | State: | Zip: | %: |

| | | | | |
|-----------------|--------------|----------------------|-------------|-------------|
| Name: | SS #: | Relationship: | | DOB: |
| Address: | City: | State: | Zip: | %: |

I reserve the right to change my beneficiary(ies) by filing another designation. This designation shall revoke any and all designations of beneficiaries previously made by me.

Signature

Date:

Authorized Signature – The Juniata Valley Bank

Date:

Revised: 2015-09-08