

Beneficiary Change Form for IRA, Roth, SEP IRA & Coverdell

				DCG&T USE ONLY	
				G&T#	
				PLAN#	
BROKERAGE FIRM				SS#	
				CODE#	
I. DEPOSITOR INFORMATION Please complete all blank spaces in this section.					
NAME					
ADDRESS					
CITY			STATE	ZIP	PHONE
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
II. BENEFICIARY INFORMATION Please complete the section for Primary Beneficiary, as well as the sections for any Additional Primary or Contingent Beneficiaries.					
PRIMARY BENEFICIARY INFORMATION			ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT		
NAME			NAME		
RELATIONSHIP	PERCENTAGE		RELATIONSHIP	PERCENTAGE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT			ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT		
NAME			NAME		
RELATIONSHIP	PERCENTAGE		RELATIONSHIP	PERCENTAGE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT			ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT		
NAME			NAME		
RELATIONSHIP	PERCENTAGE		RELATIONSHIP	PERCENTAGE	
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ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT			ADDITIONAL BENEFICIARY INFORMATION CHOOSE ONE: <input type="checkbox"/> ADDITIONAL PRIMARY <input type="checkbox"/> CONTINGENT		
NAME			NAME		
RELATIONSHIP	PERCENTAGE		RELATIONSHIP	PERCENTAGE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
PARTICIPANT ACKNOWLEDGEMENT					
<p>The right to revoke or change any beneficiary designation is hereby reserved. All prior designations (if any) or beneficiaries are hereby revoked. If the beneficiary is a Trust, please attach a copy of the title page and the signature page of the Trust.</p>					
GRANTOR'S SIGNATURE				DATE	
SIGNATURE GUARANTEE OR NOTARY PUBLIC					

Please send the original to Mesirow Financial. Please retain a copy for your records.