



# Change of Beneficiary Form IRA and 403(b)(7) Custodial Account

CLASS A AND CLASS C SHARES

The following form may be used only to designate a beneficiary(ies) or to change a designation of beneficiary(ies) for a Fund of Funds Lp Funds Individual Retirement Account (IRA) or 403(b)(7) Custodial Account for which SS&C Global Investor & Distribution Solutions, Inc. serves as transfer agent for the Custodian. The designation must be received by SS&C Global Investor & Distribution Solutions, Inc. as agent for the Custodian, and replaces any previously submitted beneficiary designation including the designation contained in the Account Application establishing the IRA or 403(b)(7) Custodial Account. This form may be used for individual and spousal IRAs (each spouse must complete a separate designation form), Rollover IRAs, SEP IRAs, SAR-SEPs, Roth IRAs, SIMPLE IRAs and 403(b)(7) Custodial Accounts.

## 1. Account Information

I hereby revoke any beneficiary designations previously made under my Fund of Funds Lp Funds IRA or 403(b)(7) Custodial Account, and make the beneficiary designation set forth below under my UMB Bank, n.a. Custodial Account Agreement.

### Type of Retirement Account

Individual      Roth      Rollover      SEP      SAR-SEP      SIMPLE      403(b)(7) Custodial Account

Name (First, Middle Initial, Last) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Daytime Telephone Number (                      ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## 2. Beneficiary Designations

Shareowner (or Inherited IRA Owner) may designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the account assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the account assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new Change of Beneficiary Form and providing it to the custodian. Any subsequent designation filed with the custodian will revoke all prior designations. After your death, if no primary beneficiary survives the owner, and no contingent beneficiary survives all primary beneficiaries, the account proceeds will be paid to the owner's estate.

If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date  
To name a trust as a beneficiary, attach a copy of the trust agreement to this form.

### Choose ONE only (If no selection is made or if you select a trust or estate beneficiary, your account will default to Per Capita):

**Per Capita:** Only surviving named beneficiaries receive a share of the account.

**Lineal Descendants Per Stirpes (LDPS):** A beneficiary's share of the inheritance will go to his or her descendants if the beneficiary does not survive you.

### I hereby designate the following person(s) as my beneficiary(ies) under my UMB Bank, n.a. Custodial Account Agreement:

Type:            Primary            Contingent            Share Percentage \_\_\_\_\_%

Relationship to Shareowner:            Spouse            Nonspouse

Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type:            Primary            Contingent            Share Percentage \_\_\_\_\_%

Relationship to Shareowner:            Spouse            Nonspouse

Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type:            Primary            Contingent            Share Percentage \_\_\_\_\_%

Relationship to Shareowner:            Spouse            Nonspouse

Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

