

IRA CHANGE OF BENEFICIARY FORM

This IRA Change of Beneficiary Form is used by IRA owners and Inherited IRA owners to change the beneficiaries for Traditional, Roth, and SEP IRAs. If you have any questions about completing this form, please contact Shareholder Services at 888.885.8859

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
BCM Focus Funds
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

BCM Focus Funds C/O UMB Fund Services, Inc 235 W Galena Street Milwaukee WI 53212-3948

PART I: IRA C	WNER INFORMA	TION					
Name:			Social	Security Number:			
Account Number:			Phone	Number:			
	FICIARY DESIGN						
RA Owners (or In considered a prim beneficiaries who indicated) to the c govern. You may Custodian.	herited IRA Owners) ary beneficiary. After survive you. If no prir ontingent beneficiarie revoke or change the	IGNATION SUPERSEDES designate beneficiaries below your death, the IRA assets w nary beneficiaries are living w s who survive you. The most be beneficiary designation at ar	v. If the primary or co ill be distributed in ed then you die, your IR current beneficiary d ny time by completing	intingent status is not indical qual shares (unless indicate A assets will be distributed lesignation on file with the C g a new IRA Change of Ber	ated, the individual of otherwise) to to the in equal shares custodian at the ineficiary Form an	al or entity will be he primary (unless otherwise time of death will d providing it to the	
Type: ☐ Primary	☐ Contingent	Share Percentage:	%	Relationship to IRA Ow	vner: ☐ spouse	☐ non-spouse	
Name:			Social Security Number:		Date of B	_ Date of Birth:	
Address:							
Type: Primary	☐ Contingent	Share Percentage:	%	Relationship to IRA Ow	vner: 🗅 spouse	☐ non-spouse	
Name:			Taxpayer ID Nur	nber:	Date of B	rth:	
Address:							
Type: ☐ Primary	☐ Contingent	Share Percentage:	%	Relationship to IRA Ow	vner: ☐ spouse	☐ non-spouse	
Name:			Taxpayer ID Nur	mber:	Date of B	rth:	
Address:							
Type: ☐ Primary	☐ Contingent	Share Percentage:	%	Relationship to IRA Ow	vner: ☐ spouse	☐ non-spouse	
Name:			Taxpayer ID Number:		Date of B	Date of Birth:	
Address:							
	ched for additional be sted above. Sign and	eneficiaries. If you need additidate the sheet.	onal space to name I	 peneficiaries, attach a sepa	rate sheet that ir	ncludes all of the	

PART III: SPOUSAL CONSENT

Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:	
X	Date:
PART IV: ACKNOWLEDGEMENT	
on what I have provided. In addition, I assume a beneficiary, if I am married. I will indemnify and	I certify that the information I have provided is true, correct, and complete, and the Custodian may rely responsibilities for the elections I have made, including those related to naming a nonspouse old the Custodian harmless from any consequences related to executing my directions. I have been and have not been provided any such advice from the Custodian.
Signature of IRA Owner (or Inherited IRA Owne	:
X	Date: