



# IRA BENEFICIARY DESIGNATION

For assistance in completing this form, please contact the Northern Funds Center at **800-595-9111** weekdays from 7:00 a.m. to 7:00 p.m. Central time. Please mail your application to: Northern Funds, P.O. Box 75986, Chicago, IL 60675-5986.

Please print all information.

## 1 PROVIDE YOUR INVESTOR INFORMATION

_____ FIRST NAME	_____ MIDDLE INITIAL	_____ LAST NAME
_____ SOCIAL SECURITY NUMBER		
_____ ADDRESS		
_____ CITY/STATE/ZIP		
_____ TELEPHONE NUMBER (DAYTIME)		_____ TELEPHONE NUMBER (EVENING)
_____ E-MAIL ADDRESS		

## 2 YOUR ACCOUNT INFORMATION

- I would like this designation of beneficiary to apply to all of my:  Traditional IRA accounts (including SEP IRAs)  Roth IRA accounts
- I would like this designation of beneficiary to apply to the following IRA accounts:

_____ ACCOUNT NUMBER	_____ ACCOUNT NUMBER
_____ ACCOUNT NUMBER	_____ ACCOUNT NUMBER

## 3 DESIGNATE YOUR BENEFICIARY

If you do not designate a beneficiary, then your estate will be the beneficiary of your IRA. If additional beneficiaries are desired, please attach a separate sheet with their information.

### PRIMARY BENEFICIARIES

_____ NAME	_____ PERCENTAGE	
_____ RELATIONSHIP	_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER
_____ ADDRESS	_____ CITY/STATE/ZIP	
_____ NAME	_____ PERCENTAGE	
_____ RELATIONSHIP	_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER
_____ ADDRESS	_____ CITY/STATE/ZIP	

- I have attached additional primary beneficiary instructions.

If a primary beneficiary is not living at your death, then the deceased beneficiary's share of the IRA shall go to the:

- then living descendants of the deceased beneficiary (by right of representation).
- remaining primary beneficiaries who are then living (on a pro rata basis).
- contingent beneficiary.

**3** DESIGNATE YOUR BENEFICIARY *continued*

**CONTINGENT BENEFICIARIES**

Any part of your IRA that is not disposed of by the primary beneficiary sections shall go to the following contingent beneficiaries of your IRA account. If additional contingent beneficiaries are desired, please attach a separate sheet with their information.

NAME	PERCENTAGE	
RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS	CITY/STATE/ZIP	
NAME	PERCENTAGE	
RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS	CITY/STATE/ZIP	

I have attached additional contingent beneficiary instructions.

Your election for who receives the share of a deceased primary beneficiary also applies to the share of a deceased contingent beneficiary.

**4** COMMUNITY PROPERTY STATES

This section should be completed if you are married and live in a community property state.

The property in this IRA is:  community property  my separate property. I understand that this beneficiary designation will not defeat any community property rights that my spouse may have in the IRA.

Community property states:

Arizona      Idaho      Nevada      Texas      Wisconsin  
California      Louisiana      New Mexico      Washington

**5** SIGN YOUR NAME

I hereby revoke all previous designations of beneficiary for my IRA. I understand that I may change my beneficiary at any time by completing and delivering the proper form to the Custodian.

SIGNATURE	DATE
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