

IRA Beneficiary Form



Complete this form to add beneficiaries or change previously designated beneficiaries for your Individual Retirement Account (IRA). To update the beneficiaries on your non-retirement Transfer on Death account, please complete the Transfer on Death (TOD) Registration Beneficiary Form.

Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Investor Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Legal Name (First, MI, Last, Suffix)	Social Security or Tax ID Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Evening Phone Number	Email Address
<input type="text"/>	<input type="text"/>	
Fund Name and Share Class or Fund Number	Full Account Number	

- I have multiple accounts under different account numbers. Please update all accounts using my Social Security number (SSN).
- I have multiple funds under this account number. Please update the beneficiary information on all of the funds.

2. Spousal Consent

The following states may require spousal consent to designate a non-spouse beneficiary for married residents to satisfy community/marital property laws: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

It is your responsibility to determine if spousal consent requirements apply to your beneficiary selection. The spousal consent below is provided as an accommodation; the Fund is not responsible for determining its necessity or validity.

I hereby give the owner of this IRA any interest I have in the funds in this account. I consent to the beneficiary designation in Section 3 and assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Fund.

<input type="text"/>	<input type="text"/>
Signature of Spouse	Date
<input type="text"/>	<input type="text"/>
Signature of Witness	Date

3. Beneficiary Information

Please select the appropriate box below and enter your beneficiary information.

- Add** the following beneficiary(ies) to my IRA.
- Replace** my current beneficiary(ies) with the following beneficiary(ies).

Important Notes:

A primary beneficiary is required; secondary beneficiaries are optional.

To minimize the possibility of future account escheatment to the state, please be sure that you notify your beneficiaries of their designation.

To name a Trust as your beneficiary, enter the name, date, and Tax Identification Number of the Trust.

If the beneficiary is a minor at the time of distribution, a Custodian/Guardian must be named.

A.

Name of Beneficiary: Primary Secondary
Percentage

<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security or Tax ID Number	Date of Birth or Date of Trust Agreement	Beneficiary's Relationship to Owner
<input type="text"/>		
Name of Custodian/Guardian if Beneficiary is Minor		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State
		Zip Code

3. Beneficiary Information (continued)

B.
Name of Beneficiary: Primary Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

C.
Name of Beneficiary: Primary Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

D.
Name of Beneficiary: Primary Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

To name additional beneficiaries, attach a separate sheet that includes all information requested above; sign and date the sheet.

4. Acknowledgment and Signature Authorization

By signing below, you agree that neither the Custodian, Federated Securities Corp., the Funds nor any of their affiliates will be responsible for the authenticity of any instructions given and will be fully indemnified and held harmless from any and all direct and indirect liabilities, losses, or costs.

You must sign exactly as your name appears in Section 1.

Signature of Shareholder Date

5. Delivery Instructions

Please send this form to **The Federated Funds:**

Regular Mail:

P.O. Box 219318
Kansas City, MO 64121-9318

Overnight Delivery:

430 W 7th Street, Suite 219318
Kansas City, MO 64105-1407

Fax:

1-800-358-6269

Client Services 1-800-341-7400, Option 4

For more information, visit our website at FederatedInvestors.com

Federated Shareholder Services Company