



IRA Beneficiary Designation Form

Complete this form to change beneficiary information on your existing IRA account(s).

Overnight Delivery:
Wasatch Funds
235 W. Galena Street
Milwaukee, WI 53212

Regular Mail:
Wasatch Funds
P.O. Box 2172
Milwaukee, WI 53201-2172

- Complete and submit a separate IRA Beneficiary Designation Form for each type of IRA account (i.e. Roth IRA, Traditional IRA, SEP IRA).
- Beneficiary designations will only apply to the account(s) listed in Section 1, or any new accounts established by subsequent exchange from one of the accounts.
- When making a beneficiary change, you must change or confirm both your primary and contingent beneficiary designations. Leaving a section blank constitutes an update and will delete any primary or contingent beneficiaries, as applicable, for the account(s) listed in section 1.

1. INVESTOR INFORMATION (REQUIRED)

Name		Social Security Number	Birthdate
Permanent Address (no P.O. boxes)		City	State Zip
Phone Number	Email Address		

This beneficiary election is for the following accounts. If beneficiary election applies to all funds under an account number, write "all."

Fund	Account Number
Fund (Optional)	Account Number
Fund (Optional)	Account Number

2. BENEFICIARY DESIGNATION / SPOUSAL CONSENT

IRA Owner (or Inherited IRA Owner) 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 IRA 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 IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The most current beneficiary designation on file with the Custodian at the time of death will govern. You may revoke or change the beneficiary designation at any time by completing a new IRA Change of Beneficiary Form and providing it to the Custodian.

Type: Primary Contingent Relationship to IRA Owner: Spouse Non-Spouse
Share Percentage: _____%

Name	Social Security Number	Birthdate
Permanent Address (no P.O. boxes)	City	State Zip

Type: Primary Contingent Relationship to IRA Owner: Spouse Non-Spouse
Share Percentage: _____%

Name	Social Security Number	Birthdate
Permanent Address (no P.O. boxes)	City	State Zip

Type: Primary Contingent Relationship to IRA Owner: Spouse Non-Spouse
Share Percentage: _____%

Name	Social Security Number	Birthdate
Permanent Address (no P.O. boxes)	City	State Zip

Type: Primary Contingent
Share Percentage: _____%

Relationship to IRA Owner: Spouse Non-Spouse

Name _____ Social Security Number _____ Birthdate _____

Permanent Address (no P.O. boxes) _____ City _____ State _____ Zip _____

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Please sign and date the sheet.

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 you are 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 (if applicable) _____ Date _____

3. ACKNOWLEDGEMENT AND SIGNATURE (REQUIRED)

By signing this IRA Beneficiary Designation Form, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I assume all responsibilities for the elections I have made, including those related to naming a nonspouse beneficiary, if I am married. I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature _____ Date _____