

## Change of IRA Beneficiary Form

Use this form to change a beneficiary on your Munder Funds IRA account. For additional information, please contact Shareholder Services at 800.438.5789 or visit our website at [munder.com](http://munder.com).

**PLEASE PRINT IN BLOCK CAPITAL LETTERS**

### 1. ACCOUNT INFORMATION

IRA Account Number

First Name

Middle Initial

Last Name

Social Security Number (Taxpayer Identification Number)

Date of Birth

Street Address

City

State

Zip Code

Daytime Telephone Number

### 2. BENEFICIARY DESIGNATION

Note the designated percentages must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s). In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

**Per Stirpes Beneficiary Designations:** The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

**Participant's Designation:** In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA. If I have named a beneficiary that is a trust, I understand that I must provide certain information concerning the Trust to the Custodian.

**SELECT ONE:**     Primary     Contingent

Beneficiary's First Name

Middle Initial

Last Name

Social Security Number

Date of Birth

Relationship

Percentage of Account

 %

Residential Street Address (P.O. Boxes cannot be accepted)

City

State

Zip Code

Daytime Telephone Number

**2. BENEFICIARY DESIGNATION** *(continued)*

**SELECT ONE:**     Primary     Contingent

Beneficiary's First Name \_\_\_\_\_ Middle Initial  Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 -  -      /  /

Relationship \_\_\_\_\_ Percentage of Account \_\_\_\_\_  
 %

Residential Street Address (P.O. Boxes cannot be accepted) \_\_\_\_\_

City \_\_\_\_\_ State  Zip Code \_\_\_\_\_  
 -

Daytime Telephone Number \_\_\_\_\_  
 -  -

**SELECT ONE:**     Primary     Contingent

Beneficiary's First Name \_\_\_\_\_ Middle Initial  Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 -  -      /  /

Relationship \_\_\_\_\_ Percentage of Account \_\_\_\_\_  
 %

Residential Street Address (P.O. Boxes cannot be accepted) \_\_\_\_\_

City \_\_\_\_\_ State  Zip Code \_\_\_\_\_  
 -

Daytime Telephone Number \_\_\_\_\_  
 -  -

**SELECT ONE:**     Primary     Contingent

Beneficiary's First Name \_\_\_\_\_ Middle Initial  Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 -  -      /  /

Relationship \_\_\_\_\_ Percentage of Account \_\_\_\_\_  
 %

Residential Street Address (P.O. Boxes cannot be accepted) \_\_\_\_\_

City \_\_\_\_\_ State  Zip Code \_\_\_\_\_  
 -

Daytime Telephone Number \_\_\_\_\_  
 -  -

For additional beneficiaries, please attach another Change of IRA Beneficiary Form.

## 2. BENEFICIARY DESIGNATION *(continued)*

**Disclaimer for Community and Marital Property States:** The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, any sponsors, issuers, depositories and other persons or entities associated with investments and the Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

**Consent of Owner's Spouse:** Spousal consent is required in community property and marital property states where an IRA Participant wishes to name a primary beneficiary other than, or in addition to, the spouse. Spouses of Participants who reside in the community property or marital property states must sign the consent below.

The undersigned consents to the designation of beneficiary above.

\_\_\_\_\_  
Signature of Participant's Spouse (if applicable)

\_\_\_\_\_  
Date

## 3. AUTHORIZATION

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Please mail this completed and signed form to:**

Direct Mail  
Munder Funds  
P.O. Box 9701  
Providence, RI 02940

Overnight Delivery  
Munder Funds  
4400 Computer Drive  
Westborough, MA 01581