

# Beneficiary Designation Form



**Merrill Lynch**  
Bank of America Corporation

This form is to be used to designate beneficiaries or to replace all prior beneficiary designations at Merrill Lynch for the accounts listed below.

- IRA
- IRRA®
- Roth IRA
- BASIC™
- SEP IRA
- SIMPLE IRA
- Retirement Selector Account® 403(b)(7)
- Archer Medical Savings Account (MSA)
- Health Savings Account (HSA)
- Merrill Lynch Education Savings Account® (MLESA)\*

## Instructions

- Use one form per account.
- Additional instructions for completing this form appear below and throughout the form.
- Forward your completed form, in its entirety (pages 1-3), to your Financial Advisor, Client Associate or the Merrill Edge Advisory Center™.
- Please retain a copy of this form for your records.

## Completing Designation/Change of Beneficiary(ies):

- Designating a beneficiary has important consequences. We urge you to consult with your attorney or tax advisor before completing this form.
- You may name one or more persons to be the primary or contingent beneficiary(ies) of your account, including your estate, trust or other entity. For all beneficiary(ies) named, the percentages must total 100%, **(whole numbers must be used, and fractions will not be accepted)**. For individuals, please indicate the name, social security number, date of birth, and relationship for each beneficiary. For entities, trusts or estates, please provide the exact name or title of the entity, employer identification number, and the date of inception, if available. Designations that include “as per will” or “as per trust” will be considered invalid.
- Please do not submit copies of your will or trust document. If a trust or estate is designated, Merrill Lynch shall rely solely upon the instructions of the trustee or executor/administrator and shall have no responsibility for monitoring the terms of the trust or will.
- After your death, the balance in your account shall be distributed to the primary beneficiary(ies) in proportion to the payment percentages indicated. If a primary beneficiary predeceases you, his/her share will be distributed to the remaining primary beneficiary(ies) in proportion to the payment percentages. If no primary beneficiary(ies) survive you, the balance will be distributed to your contingent beneficiary(ies) in the same manner. If no primary or contingent beneficiary(ies) survive you, or if no beneficiary is in effect at the time of your death, we will pay your IRA balance to your surviving spouse, or, if you are not survived by a spouse, to your estate.
- **Changing your beneficiary** – You may change your beneficiary designation at any time and as often as you wish. A designation or change of beneficiary must be in writing, and is not effective until we receive it.
- **Optional Designations** – Please consult a tax professional for further explanation. You may choose only “per stirpes” or “per capita”, (but not both) for each beneficiary.
  - **Per Stirpes** – When a beneficiary pre-deceases the account holder, the deceased beneficiary’s share is divided equally between the deceased beneficiary’s descendants.
  - **Per Capita** – When a beneficiary pre-deceases the account holder, the account is equally divided between the deceased beneficiary’s descendants and all remaining beneficiaries of the account holder.
  - **Customized Designations** – If your beneficiary designation includes any alterations to the form, provisions in addition to the election of beneficiaries, or if you require additional space to write your designation, please submit your designation on a separate page(s) and attach it to this form. Please write “See Attached” in the Name and Address box on this form. This will be considered a “customized beneficiary designation.” **Please note:** all customized beneficiary designations must be reviewed for compatibility with Merrill Lynch’s administrative and operational requirements, which may change over time. Please contact your Financial Advisor, Client Associate, or the Merrill Edge Advisory Center™ for more information on customized designations.

\* For Merrill Lynch Education Savings Accounts (MLESA), the words “me” and “my” shall refer to the “Student” or “Students,” and the words “you” and “yours” refer to the “Guardian” or the “Guardians” where applicable.

# 1: Account Information

Customer Name \_\_\_\_\_

Account Number  
(one account per form)

# 2: Designation/Change of Beneficiary(ies)

**PRIMARY BENEFICIARY(IES):** I hereby designate the person(s) or entity(ies) named below as primary beneficiary(ies). You may choose **only** “per stirpes” **or** “per capita”, (but not both) in this section. Please refer to the instructions page or consult a tax professional for further explanation about per stirpes and per capita.

Name	Date of Birth (MM/DD/YY)	Relationship	Share ( <i>Whole Numbers Only</i> )	Optional	Optional	
				Social Security No. or Employer Identification No.	Per Stirpes	Per Capita
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
<b>Must total</b>			<b>100%</b>			

**CONTINGENT BENEFICIARY(IES):** If there are no primary beneficiary(ies) living at the time of my death, I hereby specify that the balance be distributed to the contingent beneficiary(ies). You may choose **only** “per stirpes” **or** “per capita”, (but not both) in this section. Please refer to the instructions page or consult a tax professional for further explanation about per stirpes and per capita.

Name	Date of Birth (MM/DD/YY)	Relationship	Share ( <i>Whole Numbers Only</i> )	Optional	Optional	
				Social Security No. or Employer Identification No.	Per Stirpes	Per Capita
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
			%		<input type="checkbox"/>	<input type="checkbox"/>
<b>Must total</b>			<b>100%</b>			

**NOTE:** You must sign and date this form in Section 3 on the following page.

