

# Designation of Beneficiary for Retirement Accounts



Use this form to designate beneficiaries for your American Century Investments® retirement accounts.

**Save time by submitting your designation online. Go to [americancentury.com/bene](http://americancentury.com/bene) for details.**

## Read before you complete your designation

- Provide all information requested. **You must include your signature and the date signed in step 7.**
- If you are married, spousal consent may be required. Please see step 5 for details.
- If a trust is your beneficiary, submit a copy of the title page, signature page, and trustee/successor trustee pages of the trust document.
- Benefits will be paid only to beneficiaries that outlive you. If you prefer benefits to be paid per stirpes, do not complete this form. Instead, call us to request a per stirpes form.

**Please print clearly in CAPITAL letters, using black ink.**

## 1 Provide Information About Yourself

Owner's U.S. Social Security number

First name

Middle initial

Last name

( )

( )

Telephone:  Daytime  Evening  Cell

Telephone:  Daytime  Evening  Cell

## 2 Choose the Account Type to Which This Designation Will Apply

You may designate beneficiaries for retirement accounts which you own, are the Responsible Individual or were named the beneficiary by a deceased owner. **The beneficiary designation does not apply to qualified retirement plan accounts.** If you wish to designate beneficiaries for a qualified retirement plan, please do not complete this form; instead, call your employer for instructions.

**Indicate below the types of accounts to which your designation applies.** You may select "all my retirement accounts" or choose only specific types of accounts. *If you do not mark any boxes, you are authorizing us to apply your designation to all of your retirement and beneficiary accounts.*

**All my retirement accounts,\*** including any beneficiary accounts I own due to the death of the original account owner.

Or, select specific account types below. Please select beneficiary account types ONLY if the account registration lists your name "as beneficiary of" a deceased account owner.

- Traditional/Rollover IRA     Roth IRA     SEP IRA     SARSEP IRA  
 403(b)     457(b)     SIMPLE IRA (Savings Incentive Match Plan for Employees IRA)  
 Beneficiary Traditional/Rollover IRA     Beneficiary Roth IRA     Beneficiary SEP IRA  
 Beneficiary SARSEP IRA     Beneficiary SIMPLE IRA     Beneficiary 403(b)     Beneficiary 457(b)

*\*Retirement accounts include: Traditional/Rollover IRA, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b), 457(b), and any Beneficiary Accounts in these plans. Updates to a Traditional IRA designation also apply to a Rollover IRA and vice versa. A Rollover IRA is a Traditional IRA that only contains assets rolled over from a former qualified retirement plan.*

**3****Designate Your Primary Beneficiaries**

Please provide all requested information about each beneficiary. **If you would like to list more than four primary beneficiaries, photocopy this page and attach it.** If any of your primary beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining primary beneficiaries.

**In the event of my death, distribute the balance of my account(s) to:**

|                               |   |   |   |                     |  |
|-------------------------------|---|---|---|---------------------|--|
| _____                         | · | _____                                   | · | _____               | Indicate<br>Percentage<br>for this<br>Beneficiary<br><br>_____ % |
| First name                    |   | Middle initial                          |   | Last name           |  |
| _____                         |   |   |   |                     |  |
| OR Trust or entity name       |   |   |   |                     |  |
| _____                         |   |   |   |                     |  |
| Street address                |   | City                                    |   | State               | ZIP  |
| _____                         |   |   |   |                     |  |
| Social Security/Tax ID number |   | Date of birth / trust date (mm-dd-yyyy) |   | Relationship to you |  |
| _____                         |   |   |   |                     |  |

|                               |   |   |   |                     |  |
|-------------------------------|---|---|---|---------------------|--|
| _____                         | · | _____                                   | · | _____               | Indicate<br>Percentage<br>for this<br>Beneficiary<br><br>_____ % |
| First name                    |   | Middle initial                          |   | Last name           |  |
| _____                         |   |   |   |                     |  |
| OR Trust or entity name       |   |   |   |                     |  |
| _____                         |   |   |   |                     |  |
| Street address                |   | City                                    |   | State               | ZIP  |
| _____                         |   |   |   |                     |  |
| Social Security/Tax ID number |   | Date of birth / trust date (mm-dd-yyyy) |   | Relationship to you |  |
| _____                         |   |   |   |                     |  |

|                               |   |   |   |                     |  |
|-------------------------------|---|---|---|---------------------|--|
| _____                         | · | _____                                   | · | _____               | Indicate<br>Percentage<br>for this<br>Beneficiary<br><br>_____ % |
| First name                    |   | Middle initial                          |   | Last name           |  |
| _____                         |   |   |   |                     |  |
| OR Trust or entity name       |   |   |   |                     |  |
| _____                         |   |   |   |                     |  |
| Street address                |   | City                                    |   | State               | ZIP  |
| _____                         |   |   |   |                     |  |
| Social Security/Tax ID number |   | Date of birth / trust date (mm-dd-yyyy) |   | Relationship to you |  |
| _____                         |   |   |   |                     |  |

|                               |   |   |   |                     |  |
|-------------------------------|---|---|---|---------------------|--|
| _____                         | · | _____                                   | · | _____               | Indicate<br>Percentage<br>for this<br>Beneficiary<br><br>_____ % |
| First name                    |   | Middle initial                          |   | Last name           |  |
| _____                         |   |   |   |                     |  |
| OR Trust or entity name       |   |   |   |                     |  |
| _____                         |   |   |   |                     |  |
| Street address                |   | City                                    |   | State               | ZIP  |
| _____                         |   |   |   |                     |  |
| Social Security/Tax ID number |   | Date of birth / trust date (mm-dd-yyyy) |   | Relationship to you |  |
| _____                         |   |   |   |                     |  |

**If you do not indicate percentages, benefits will be paid in equal shares.**

Total must equal 100%

## 4 Designate Your Secondary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than four secondary beneficiaries, photocopy this page and attach it.** If any of your secondary beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining secondary beneficiaries.

**If my primary beneficiaries listed on this designation are not living at the time of my death, distribute the balance to:**

|  |  |                              |   |              |
|--|--|------------------------------|---|--------------|
| _____<br>First name                    | _____<br>Middle initial                          | _____<br>Last name           | Indicate<br>Percentage<br>for this<br>Beneficiary<br><br>_____% |              |
| OR Trust or entity name                |  |                              |   |              |
| _____<br>Street address                | _____<br>City                                    | _____<br>State               |   | _____<br>ZIP |
| _____<br>Social Security/Tax ID number | _____<br>Date of birth / trust date (mm-dd-yyyy) | _____<br>Relationship to you |   |              |
| <hr/>                                  |  |                              |   |              |

|  |  |                              |   |              |
|--|--|------------------------------|---|--------------|
| _____<br>First name                    | _____<br>Middle initial                          | _____<br>Last name           | Indicate<br>Percentage<br>for this<br>Beneficiary<br><br>_____% |              |
| OR Trust or entity name                |  |                              |   |              |
| _____<br>Street address                | _____<br>City                                    | _____<br>State               |   | _____<br>ZIP |
| _____<br>Social Security/Tax ID number | _____<br>Date of birth / trust date (mm-dd-yyyy) | _____<br>Relationship to you |   |              |
| <hr/>                                  |  |                              |   |              |

|  |  |                              |   |              |
|--|--|------------------------------|---|--------------|
| _____<br>First name                    | _____<br>Middle initial                          | _____<br>Last name           | Indicate<br>Percentage<br>for this<br>Beneficiary<br><br>_____% |              |
| OR Trust or entity name                |  |                              |   |              |
| _____<br>Street address                | _____<br>City                                    | _____<br>State               |   | _____<br>ZIP |
| _____<br>Social Security/Tax ID number | _____<br>Date of birth / trust date (mm-dd-yyyy) | _____<br>Relationship to you |   |              |
| <hr/>                                  |  |                              |   |              |

|  |  |                              |   |              |
|--|--|------------------------------|---|--------------|
| _____<br>First name                    | _____<br>Middle initial                          | _____<br>Last name           | Indicate<br>Percentage<br>for this<br>Beneficiary<br><br>_____% |              |
| OR Trust or entity name                |  |                              |   |              |
| _____<br>Street address                | _____<br>City                                    | _____<br>State               |   | _____<br>ZIP |
| _____<br>Social Security/Tax ID number | _____<br>Date of birth / trust date (mm-dd-yyyy) | _____<br>Relationship to you |   |              |
| <hr/>                                  |  |                              |   |              |

**If you do not indicate percentages, benefits will be paid in equal shares.**

Total must  
equal 100%

## 5 Obtain Spousal Consent, if Necessary

**If your spouse has NOT been named as the sole primary beneficiary, spousal consent may be required.**

It is the account owner's responsibility to determine if spousal consent is required and to ascertain if the language on this form satisfies applicable state statutes. American Century Services, LLC, State Street Bank and Trust Company, and any affiliate and/or any of their directors, trustees, employees and agents are not liable for any consequences resulting from your failure to provide spousal consent.

**Generally, notarized spousal consent is required if:**

- Your account is a retirement account **and** you live in a community property state. **-OR-**
- Your account is a 403(b) that is subject to the Qualified Preretirement Survivor Annuity (QPSA) requirement of ERISA. Under this provision, if you are married or later become married and your spouse is not named as sole primary beneficiary, your designation will not be valid unless your spouse has provided consent with notarization, regardless of whether you live in a community property state. Check with your employer to determine if your plan is subject to this provision.

### Spousal Consent

**As the spouse, by signing my name below, I acknowledge that:**

- I have read this form and understand that my spouse did **NOT** designate me as sole primary beneficiary.
- I voluntarily, unconditionally, and irrevocably consent to this designation and understand that if I were to decline to sign this consent, as the account owner's or participant's surviving spouse, I would be entitled to 100% of any death benefits payable at the time of the account owner's/participant's death.
- For 403(b) Spouses: I have read and understand the explanation and waiver of QPSA provided by my spouse's employer; I understand the financial effect of my spouse's election to waive the QPSA and I waive all rights to a QPSA under my spouse's 403(b) plan.

\_\_\_\_\_  
**Name of spouse (please print)**

\_\_\_\_\_  
**Spouse's signature (must be notarized)**

\_\_\_\_\_  
**Date**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, appeared before me in person, the person whose signature appears above, to me personally known to be the person who executed the above foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

\_\_\_\_\_  
**Notary public's printed name**

\_\_\_\_\_  
**Commission expires (mm-dd-yyyy)**

\_\_\_\_\_  
**Notary public's signature (Seal)**

## 6 Authorization to Release Information (optional)

By completing this section, I authorize American Century Investments to release the name(s) of my beneficiary(ies) as indicated below for the purpose of confirming/obtaining beneficiary contact information after notification of my death. (Mark all that apply or leave this section blank to indicate none.)

- To any of my beneficiaries (beneficiaries are allowed to know who the other beneficiaries are).  
 To the individual listed below.

|                |                     |   |
|----------------|---------------------|---|
| Full name      | Relationship to you |   |
| Street address | Apt./Unit           |   |
| City           | State               | ZIP   |
| Email address  | Telephone: ( )      | <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Cell |

**You may revoke the authorization to release information at any time by submitting a new beneficiary designation.**

## 7 Provide Your Signature and the Date Signed

By signing and dating this form, I confirm I have reviewed the following and authorize this designation. This designation revokes all previous designations for the accounts selected in step 2.

- Spousal consent has been obtained, if necessary.
- It is my responsibility to review and update my designation as soon as possible following a change in family status (marriage, divorce, birth/adoption, death) or if a beneficiary's information changes. I understand that in the event of a divorce, a designation of a former spouse may not be valid unless my former spouse is re-designated by submitting a new beneficiary form after the divorce is final.
- If no valid beneficiary designation is on file at the time of my death, assets will be distributed in accordance with the beneficiary provisions described in the custodial agreement in effect at the time of my death. I understand that I may change my designation at any time and changes are effective when accepted by American Century, the Custodian and the plan administrator (whichever is applicable). I understand that the beneficiary designation submitted herewith is not revoked or changed by any provision of my will, personal trust or other separate agreement (e.g., prenuptial agreement or divorce settlement agreement), and only beneficiary revocations or designations filed with and accepted by American Century prior to my death are considered valid and enforceable.
- **403(b) Investors:** I acknowledge that if I am married at the time of my death, my surviving spouse is not designated as my sole primary beneficiary, and the plan is subject to the QPSA requirements of ERISA, this designation of beneficiaries will not be valid unless my surviving spouse has waived the QPSA (on a form provided by my employer) and consented to this beneficiary designation (step 5 of this form).

**Please sign your name exactly as it appears on your account, indicate the date signed, and mail the entire form to us.**

Signature \_\_\_\_\_ Date (Required) \_\_\_\_\_

Printed name of person signing, if different from step 1 \_\_\_\_\_

**Investors Using Advisors**  
P.O. Box 419786  
Kansas City, MO 64141-6786  
1-800-378-4998

**Traditional, Rollover and Roth IRAs**  
P.O. Box 419200  
Kansas City, MO 64141-6200  
1-800-345-2021

**For Overnight Deliveries:**  
**American Century Investments**  
430 W. 7th St.  
Kansas City, MO 64105-1407

**All Other Retirement Plans**  
P.O. Box 419385  
Kansas City, MO 64141-6385  
1-800-345-3533  
americancentury.com