

IRA Beneficiary



T.RowePrice

✓ Use this form to:

- Name or change your IRA beneficiaries.

✗ Do not use this form to:

- Change a beneficiary for transfer on death (TOD) accounts. Use the [Beneficiaries – Transfer on Death](#) form.

Roth, Rollover, and Traditional IRA beneficiary changes can be requested at [troweprice.com](https://www.troweprice.com).

Mail to:

T. Rowe Price
P.O. Box 17302
Baltimore, MD 21297-1302

Express delivery only:

T. Rowe Price Mail Code 17302
4515 Painters Mill Road
Owings Mills, MD 21117-4903

This paper clip indicates you may need to attach documentation.

1 Account Information

Owner's Name	Social Security Number (SSN)
--------------	------------------------------

To name different beneficiaries for different IRA types, complete a separate form for each IRA type. Applies to all identically owned IRAs, including Brokerage for the IRA type(s) specified. **Check each IRA type applicable:**

<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Inherited IRA
<input type="checkbox"/> Rollover IRA	<input type="checkbox"/> Roth Rollover IRA	<input type="checkbox"/> Roth Inherited IRA
<input type="checkbox"/> SEP-IRA Plan ID	<input type="checkbox"/> SIMPLE IRA Plan ID	

2 Beneficiaries

Complete this section to name beneficiaries for the IRA type(s) specified above. A beneficiary may be one or more individuals or legal entities, such as a trust, estate or charity. This will replace any beneficiaries currently on file for the same IRA type(s). Beneficiary designations must be consistent for all identically registered accounts. If there are no beneficiaries on your account, your surviving spouse will be considered your sole beneficiary. If you do not have a surviving spouse, your estate will be considered your sole beneficiary. A spouse is any individual who is your spouse under federal law. Failure to provide a percentage for each named beneficiary or if the percentages provided do not total 100% will result in equal allocation.

Unless you indicate otherwise, T. Rowe Price will distribute to your beneficiaries on a per capita basis. This means if a primary beneficiary dies before you, the percentages will be recalculated proportionately among the surviving primary beneficiaries. Similar rules apply to secondary beneficiaries. Secondary beneficiaries inherit assets only if no primary beneficiaries survive you. You may wish to speak to an estate planner or your legal or tax professional about your personal situation.

Inherited IRA: Some states may restrict adding beneficiaries on Inherited IRAs. Consult an attorney or the appropriate state authority.

A Primary Beneficiaries

1. Name		SSN
Percentage (%)	Relationship Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Date of Birth (mm/dd/yyyy)
2. Name		SSN
Percentage (%)	Relationship Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Date of Birth (mm/dd/yyyy)
3. Name		SSN
Percentage (%)	Relationship Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Date of Birth (mm/dd/yyyy)

B Secondary Beneficiaries

1. Name		SSN
Percentage (%)	Relationship Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Date of Birth (mm/dd/yyyy)
2. Name		SSN
Percentage (%)	Relationship Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Date of Birth (mm/dd/yyyy)
3. Name		SSN
Percentage (%)	Relationship Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Date of Birth (mm/dd/yyyy)

_____ Total Percentage (%) (Must total 100%)

☐ For more beneficiaries, check this box and attach a [separate page](#).

Changing your beneficiary may affect your required minimum distribution. For more information, visit [troweprice.com/rmd](https://www.troweprice.com/rmd).

3 Signature

By signing below:

- I understand the beneficiary information provided will replace all beneficiary information on file with T. Rowe Price for the IRA type(s) specified above.

Signature and Date Required

Owner	Date (mm/dd/yyyy)
X	

Retain a copy of this signed form for your records.

_____ Total Percentage (%) (Must total 100%)



FMF3BEN1

4/24_w

Questions? [troweprice.com/ira](https://www.troweprice.com/ira) / 800-IRA-5000

Page 1 of 1