



# IRA Beneficiary Designation

**Use this form to designate one or more beneficiaries who will inherit your IRA assets upon your death. In accordance with your designation(s), your assets will pass directly to your chosen beneficiary(ies). Please print in CAPITAL LETTERS and in black ink.**

*When you submit this form, it will completely replace any prior designations for the IRA you specify in Step 2. Therefore it is important that you list all the primary and contingent beneficiaries you want to designate, even if you are only updating information for one beneficiary.*

## Questions?

**Call 800-422-1050**

*To obtain additional forms or to complete this form online, visit us at [harborcapital.com](http://harborcapital.com).*

## Step 1: Account Owner Information

  

First Name

M.I. Last Name

  

Account Number

Social Security Number

Date of Birth (mm/dd/yyyy)

Street Address or P.O. Box Number

  

City

State

Zip Code

 

Daytime Telephone Number

Evening Telephone Number

## Step 2: Beneficiary Information

### Primary Beneficiaries:

**My spouse** - Please select only one option.

To the person named here:

<input type="text"/>	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
Name	Date of Birth (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number		

**OR**

To the person I am married to at the time of my death.

<input style="width: 50px;" type="text" value="%"/>
Share Percentage

**My descendants who survive me, per stirpes** - Your assets will be divided equally among your children; if a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).

<input style="width: 50px;" type="text" value="%"/>
Share Percentage

**Equally to my grandchildren who survive me**

<input style="width: 50px;" type="text" value="%"/>
Share Percentage

**Trust**

<input type="text"/>	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
Name of Trust	Date of Trust (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number/Tax ID Number		

**Specific beneficiary designation below:**

<input type="text"/>	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
Name	Date of Birth (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number/Tax ID Number		

I have included the necessary information for **additional Primary Beneficiaries** on a separate sheet, in the same format.

TOTAL

**Note:** Shareholders who are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), may need to obtain spousal consent if they have not designated their spouse as the primary beneficiary for at least half of their IRA. You should consult an attorney or other tax professional for additional information and advice.

**Note:** For multiple beneficiaries, share percentages must add up to 100%. If the share percentages are not indicated, they will be considered equal.

**Step 2 continued on page 3**

## Step 2: Beneficiary Information *Continued*

### Contingent Beneficiaries:

**My spouse** - Please select only one option.

To the person named here:

<input type="text"/>	<input type="text"/>	<input style="width: 50px; text-align: center; font-size: 0.8em; font-weight: bold; border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="%"/>
Name	Date of Birth (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number		

**OR**

To the person I am married to at the time of my death.

<input style="width: 50px; text-align: center; font-size: 0.8em; font-weight: bold; border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="%"/>
Share Percentage

**My descendants who survive me, per stirpes** - Your assets will be divided equally among your children; if a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).

<input style="width: 50px; text-align: center; font-size: 0.8em; font-weight: bold; border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="%"/>
Share Percentage

**Equally to my grandchildren who survive me**

<input style="width: 50px; text-align: center; font-size: 0.8em; font-weight: bold; border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="%"/>
Share Percentage

**Trust**

<input type="text"/>	<input type="text"/>	<input style="width: 50px; text-align: center; font-size: 0.8em; font-weight: bold; border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="%"/>
Name of Trust	Date of Trust (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number/Tax ID Number		

**Specific beneficiary designation below:**

<input type="text"/>	<input type="text"/>	<input style="width: 50px; text-align: center; font-size: 0.8em; font-weight: bold; border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="%"/>
Name	Date of Birth (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number/Tax ID Number		

I have included the necessary information for **additional Contingent Beneficiaries** on a separate sheet, in the same format.

TOTAL

**Note:** Contingent beneficiaries will receive the balance of an IRA only if there are no surviving primary beneficiaries at the time of death. If you do not designate contingent beneficiaries at this time, and all of your primary beneficiaries predecease you or a trust you named as beneficiary no longer exists, your beneficiary will be your estate.

For multiple beneficiaries, share percentages must add up to 100%. If the share percentages are not indicated, they will be considered equal.

## Step 3: Signature

Sign Below:

I authorize Harbor to make the changes indicated. This beneficiary designation supersedes any and all prior beneficiary designations by the IRA Owner. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Custodian has not provided me with any legal or tax advice, and I assume full responsibility. I will not hold the Custodian liable for any adverse consequences that may result.

I agree to be bound by the terms and conditions established by Harbor Funds for an IRA beneficiary designation. I acknowledge that Harbor Funds may require additional information upon my death to determine the identity or interest of my beneficiary(ies). In such event, I acknowledge that Harbor Funds shall rely upon the representations of an authorized party such as the executor or administrator of my estate, or if a trust beneficiary, the trustee of that trust (my fiduciary) and has no independent duty to obtain or verify such information. I agree that Harbor Funds shall have no liability for, and shall be fully indemnified against, any cost or damage it incurs in connection with its good faith reliance on such representations. If no such fiduciary is appointed or my fiduciary is unable to provide the required information, Harbor Funds reserves the right to request whatever documentation it deems appropriate before making distributions or transferring ownership to a beneficiary.

### Owner(s)/Authorized Person(s) Sign Below:

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Signature of IRA Owner

Date (mm/dd/yyyy)

Mail completed application to:

#### Standard Mail

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Harbor Funds  
P.O. Box 804660  
Chicago, IL 60680-4108

#### Overnight Delivery

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Harbor Funds  
111 South Wacker Drive, 34th Floor  
Chicago, IL 60606-4302