

# Beneficiary Identification for Harbor Funds Accounts (for use by Beneficiaries)

Use this form to identify beneficiaries by name when the deceased account owner's beneficiary designation instructs that the assets be distributed to unspecified members of a group (for example, "per stirpes" or "equally to all surviving children").

This form must be completed and certified by all beneficiaries entitled to the decedent's assets (the "beneficiaries") using **Step 2. Please print in CAPITAL LETTERS and in black ink.**

Each beneficiary listed on this form must complete a Medallion Signature Guaranteed Letter of Instruction and a Harbor IRA Account or New Account Application. The letter of instruction should include the current registered account name, account number and a description of the request. A State Inheritance Tax Waiver may also be required depending on the decedent's state requirements. Forms are available on our website at [harborcapital.com](http://harborcapital.com).

## 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: Deceased Account Owner Information

Account Owner's First Name	M.I.	Account Owner's Last Name
Account Owner's Account Number	Account Owner's Social Security Number	Account Owner's Date of Death (mm/dd/yyyy)

➤ **Note:** If the deceased account owner had multiple accounts with different beneficiary designations, you must complete a separate form for each designation.

## Step: 2 Identification of Beneficiaries

According to a per stirpes distribution, the assets will be distributed equally among the surviving members of the first generation of lineal descendants (children, grandchildren, etc.) closest to the deceased account owner. If any member of that generation died before the deceased account owner or disclaimed and has surviving children, that member's share will be divided equally among that member's children. Each generation includes natural-born and legally adopted children, but not stepchildren or foster children.

➤ **Note:** Please read the following information before completing this section.

For example:

- **If all children survive.** If the deceased account owner has two surviving children and eight grandchildren, each child will receive half of the assets and the grandchildren will receive nothing.
- **If a child has died.** If one of those two children has died and is a parent to five of the grandchildren, the surviving child will receive half of the assets and the remaining half will be divided equally among those five grandchildren (20% of 50%, or 10% of the entire assets, to each).
- **If no children survive.** The surviving grandchildren will be treated as the closest generation and will receive the assets in equal portions.

**Step 2 continued on page 2**

## Step 2: Identification of Beneficiaries *Continued*

**(i).** To my descendants who survive me, per stirpes.

### Living and deceased children of the account owner, excluding stepchildren:

**Note:** Check and complete **(i)** or **(ii)**. Complete only the section that corresponds to the deceased account owner's designated beneficiary.

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
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Child's First Name M.I. Child's Last Name

<input type="text"/>	<input type="text"/>
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Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
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Child's First Name M.I. Child's Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
----------------------	--------------------------	----------------------

Child's First Name M.I. Child's Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
----------------------	--------------------------	----------------------

Child's First Name M.I. Child's Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
----------------------	--------------------------	----------------------

Child's First Name M.I. Child's Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
----------------------	--------------------------	----------------------

Child's First Name M.I. Child's Last Name

<input type="text"/>	<input type="text"/>
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Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

**Step 2 continued on page 3**

## Step 2: Identification of Beneficiaries

Complete the following table only if a child of the deceased account owner (or other member of the closest generation to the deceased account owner) is also deceased or has disclaimed his or her entitlement and has surviving children. List only the natural or legally adopted children of the deceased or disclaiming individual(s).

**Living and deceased children of the deceased or disclaiming individual(s), excluding stepchildren:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandchild's First Name	M.I.	Grandchild's Last Name

<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent's First Name	M.I.	Parent's Last Name

Name of Custodian - *If minor*

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandchild's First Name	M.I.	Grandchild's Last Name

<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent's First Name	M.I.	Parent's Last Name

Name of Custodian - *If minor*

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandchild's First Name	M.I.	Grandchild's Last Name

<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent's First Name	M.I.	Parent's Last Name

Name of Custodian - *If minor*

➤ **Note:** *If all of the children survived the account owner or aren't disclaiming, don't complete this table. **Skip to Step 3.***

**Step 2 continued on page 4**

## Step 2: Identification of Beneficiaries

**Living and deceased children of the deceased or disclaiming individual(s), excluding stepchildren:**

Grandchild's First Name M.I. Grandchild's Last Name

Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

Parent's First Name M.I. Parent's Last Name

Name of Custodian - *If minor*

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Grandchild's First Name M.I. Grandchild's Last Name

Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

Parent's First Name M.I. Parent's Last Name

Name of Custodian - *If minor*

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Grandchild's First Name M.I. Grandchild's Last Name

Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

Parent's First Name M.I. Parent's Last Name

Name of Custodian - *If minor*

**Step 2 continued on page 5**

## Step 2: Identification of Beneficiaries

- (ii).** **Equally to my grandchildren who survive me.** The retirement assets will be distributed equally among the decedent's natural or legally-adopted grandchildren who were alive at the time of the account owner's death and have not disclaimed his or her entitlement, his or her portion will be divided equally among the surviving grandchildren.

**Living and deceased grandchildren of the account owner, excluding stepchildren:**

➤ **Note:** If you need more space to list additional grandchildren, photocopy this page and attach to form.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandchild's First Name	M.I.	Grandchild's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Name of Custodian - <i>If minor</i>

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandchild's First Name	M.I.	Grandchild's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Name of Custodian - <i>If minor</i>

---

<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandchild's First Name	M.I.	Grandchild's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Name of Custodian - <i>If minor</i>

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandchild's First Name	M.I.	Grandchild's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Name of Custodian - <i>If minor</i>

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandchild's First Name	M.I.	Grandchild's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Name of Custodian - <i>If minor</i>

## Step 3: Certification of All Beneficiaries

### Sign Below:

All of the beneficiaries must sign below. If any beneficiary is a minor or is incapacitated, a person authorized to act on behalf of the minor or the incapacitated person must sign on the minor's or incapacitated person's behalf. Harbor may request additional documentation to support a person's authority to act on behalf of a beneficiary.

The undersigned, being all of the members of the group of beneficiaries identified in **Step 2** hereby certify that:

- I am/We are the beneficiary/ies of the decedent's retirement assets or are authorized to sign on behalf of one or more beneficiaries of the decedent's retirement assets at Harbor.
- I/We agree to provide any additional documentation required by Harbor to transfer the assets of the decedent to the beneficiaries.
- The beneficiaries identified in **Step 2** constitute **all** the members of the group of beneficiaries designated by decedent, including any and all beneficiaries who may be entitled to a share of the assets of the decedent on the basis of a designation made per stirpes or by use of similar language and to the best of my/our knowledge, there are no other persons or entities entitled to a share of the assets of the decedent as a member of the group of beneficiaries.
- As of the date below, I/We certify that, to the best of my/our knowledge, the information contained in this form is correct and complete.
- I/We agree to indemnify and hold harmless Harbor Funds and its affiliates, and their respective officers, directors, employees, and agents (collectively, "Harbor") from any and all loss, expense, costs, liability or damage of any kind that may result from Harbor's reliance on the information provided in this form.

### Beneficiary/ies Sign Below:

<input type="text"/>	<input type="text"/>
Signature of Beneficiary	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Signature of Beneficiary	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Signature of Beneficiary	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Signature of Beneficiary	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Signature of Beneficiary	Date (mm/dd/yyyy)

➤ **Note:** To list additional individuals, please attach a separate sheet.

### Mail completed application to:

#### Standard Mail

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

#### Overnight Delivery

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