



AMERICAN EXPRESS NATIONAL BANK, MEMBER FDIC

### WHAT YOU NEED TO KNOW

This form may be used to add or replace any beneficiaries you have currently designated on your IRA plan. If you want to keep your current beneficiaries, they must be included on this form. To successfully add or change a beneficiary, you must provide their full name, date of birth, Social Security number, and address. If any beneficiary information is missing or incorrect, we cannot add that person as a beneficiary to your IRA.

To add or change your beneficiaries more quickly, and to review your current designations, please log in to your account at [go.amex/savings](https://go.amex/savings). Click **My Profile**, then select **Manage Beneficiaries**.

#### Where to send this form

Send this form to us via fax to **1-800-542-0779** or via mail to **American Express National Bank, PO Box 30376, Salt Lake City, UT 84130**.

### IMPORTANT TERMS YOU SHOULD KNOW

**Beneficiary.** The person you name to inherit your IRA in the event of your death.

**IRA Custodian.** A financial institution that holds your IRA funds for safekeeping and adheres to applicable IRS and government regulations.

**Roth IRA.** A way to save for retirement, with non-tax-deductible contributions. Earnings are tax-deferred while accumulating in the plan and, if certain requirements are satisfied, distributions (including earnings) are tax-free.

**Traditional IRA.** A traditional IRA is a way to save for retirement with tax advantages. Traditional IRA contributions (deposits) may be tax-deductible, and the earnings are tax-deferred while accumulating in the plan; however, they are taxable when distributed (withdrawn).

### AENB IRA OWNER INFORMATION

#### IRA Plan Type:

- Traditional
- Roth

Name of Account Owner

 /  / 

Date of Birth

AENB Account Number

 -  - 

Last 4 Digits of Social Security Number

Street Address

City

State

Zip/Postal Code

□□□□ - □□□□ - □□□□□□

Daytime Phone Number

\_\_\_\_\_

Email Address

**BENEFICIARY INFORMATION**

**About beneficiaries**

Certain U.S. state and federal law requirements may apply to named beneficiaries of retirement accounts. In some cases, these laws may limit the rights of your beneficiaries depending upon their status (e.g., a spouse). You are solely responsible for understanding and complying with applicable law in designating beneficiaries for your retirement account. We recommend that you consult an attorney, financial or tax advisor, and/or other qualified estate planning professional before designating beneficiaries for your retirement plan or account.

**Beneficiary #1**

\_\_\_\_\_

Name

□□ / □□ / □□□□

Date of Birth

□□□□ - □□□□ - □□□□□□

Daytime Phone Number

□□□□ - □□□□ - □□□□□□

Social Security Number or Tax ID Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip/Postal Code

**Beneficiary #2**

\_\_\_\_\_

Name

□□ / □□ / □□□□

Date of Birth

□□□□ - □□□□ - □□□□□□

Daytime Phone Number

□□□□ - □□□□ - □□□□□□

Social Security Number or Tax ID Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip/Postal Code

**Beneficiary #3**

\_\_\_\_\_

Name

□□ / □□ / □□□□

Date of Birth

□□□□ - □□□□ - □□□□□□

Daytime Phone Number

□□□□ - □□□□ - □□□□□□

Social Security Number or Tax ID Number

Street Address

City

State

Zip/Postal Code

**Beneficiary #4**

Name

Date of Birth

Daytime Phone Number

Social Security Number or Tax ID Number

Street Address

City

State

Zip/Postal Code

**Beneficiary #5**

Name

Date of Birth

Daytime Phone Number

Social Security Number or Tax ID Number

Street Address

City

State

Zip/Postal Code

**Beneficiary #6**

Name

Date of Birth

Daytime Phone Number

Social Security Number or Tax ID Number

Street Address

City

State

Zip/Postal Code

**IRA OWNER SIGNATURE**

I, the undersigned IRA owner, direct that the balance remaining in my account(s) be payable in equal shares on death to the above-named beneficiary (or beneficiaries) that survive me. I have had an opportunity to consult with an attorney, financial or tax advisor, and/or other aqualified estate professional before submitting this Beneficiary Designation to American Express National Bank. I also acknowledge my understanding that certain state law restrictions may apply to payable-upon-death accounts and supersede the payable-on-death designation, and that I am solely responsible for complying with applicable law in establishing a payable-on-death account. I also understand and acknowledge that different beneficiaries may be treated differently for tax purposes. For an IRA Plans Beneficiary Designation, I am aware that in most cases I do not need spousal consent to name a non-spouse beneficiary of my IRA and I recognize it is my responsibility to get spousal consent if it is required by state law. The Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Custodian liable for any adverse consequences that may result from this transaction.

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Signature of IRA Owner (ink only)

Date

**What to do next****PLEASE SUBMIT COMPLETED FORM VIA FAX OR MAIL TO:**

Fax: 1-800-542-0779

Mail: American Express National Bank, PO Box 30376, Salt Lake City, UT 84130

**Have questions?**

We don't provide tax advice and recommend you consult with a financial or tax advisor as needed about IRAs in general. Have questions about this form or your account? Call us 24/7 at 1-800-446-6307.