

# IRA Beneficiary Addition/Change

For Traditional, Roth, SEP and SIMPLE IRAs  
Praxis Mutual Funds

A fund family of Everence

**Important notice:** This designation will not be in force unless it is signed and received by the custodian, at one of the addresses below, before the death of the IRA Grantor (shareholder). The terms, provisions, and limitations of the IRA Plan and Custodial Agreement, as amended from time to time, are controlling at all times and govern the rights of the Grantor and any beneficiaries. The Custodial Agreement is available upon request by calling the toll-free number on your statement.

Unless otherwise noted, payments upon death will be made to the primary beneficiary(ies) first. The secondary beneficiary(ies) inherit only if all primary beneficiaries are deceased or disclaim their inheritance.

Please complete all sections as appropriate.

Sign and return the form to:

**Regular mail**

Praxis Mutual Funds  
c/o U.S. Bank Global Fund Services  
P.O. Box 701  
Milwaukee, WI 53201-0701

**Overnight mail**

Praxis Mutual Funds  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207

## 1. Investor Information

Full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Account number(s) \_\_\_\_\_

## 2. Beneficiary designation

All beneficiaries must be named, as the Custodian cannot properly determine beneficiaries such as "children" or "spouse."

I hereby revoke all prior designations of beneficiary(ies) and designate the following as my beneficiary(ies) of my Retirement Account(s) (IRA) upon my death:

**Primary** (If you need more space, please continue on the back of the form.)

Name	Relationship	Address	Social Security no.	Birth date	%

**Secondary** (If you need more space, please continue on the back of the form.)

Name	Relationship	Address	Social Security no.	Birth date	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Date

## 3. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign this form (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

\_\_\_\_\_  
Signature of grantor/shareholder

\_\_\_\_\_  
Date